

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

CERTIFICATE OF LIMITED LIABILI	· · · · · · · · · · · · · · · · · · ·
(Instructions on bac	k of application)
1. The name of the limited liability co	mpany is:
Stealth Holdings HD, LLG	<u> </u>
335 Blue Lakes Blvd N	ddresses of the initial designated office:
(Street Address) Twin Falls, ID 83301	
(Mailing Address, if different than street address)	
3. The name and complete street add	lress of the registered agent:
Harry DeHaan	335 Blue Lakes Blvd N, Twin Falls, ID 83301
(Name)	(Street Address)
company: <u>Name</u>	one member or manager of the limited liability Address
Harry DeHaan	335 Blue Lakes Blvd N, Twin Falls, ID 83301
5. Mailing address for future correspo	
335 Blue Lakes Blvd N, Twin Falls, ID 8	3301
6. Future effective date of filing (option	nal):
Signature of a manager, member or person.	authorized
	Secretary of State use only
Typed Name: Harry SeHad	in_
Signature	IDAHO SECRETARY OF STATE
Typed Name:	RP\R2\5813 R2:RA

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