CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

Title 30, Chapters 21 and 25, Idaho Code Filing fee: \$100 typed, \$120 not typed

2017 AUG 21 . AN 9-33

	C T O	Complete and submit the	e application in duplicate	OCCUPITABLY OF STATE	
	T 1			SECRETARY OF STATE STATE OF IDAHO	
1.	The hame of the limited liability company is:				
	Apocalyptic Ventures LLC				
	(Remember to include the words "Limited Liability Company," "Limited Company," or the abbreviations L.L.C., LLC, or LC)				
2.	The complete street and mailing addresses of the principal office is:				
	1869 E Seltice Way Suite 313				
	(Street Addr	ress)			
	Post Fa	lls, ID 83854			
	(Mailing Add	tress, if different)			
3.	The nan	The name of the registered agent and the street address of the registered agent:			
	Jason M	iller 610 W Hubbard St Suite 201 Coeur d'Alene, ID 83814			
	(Name)		(Address cannot be a post office box or postal mail box.)		
4.	The nam	The name and address of at least one governor of the limited liability company:			
		nette Shaw 1869 E Seltice Way Suite 313 Post Falls, ID 83854			
	(Name)		(Address)		
	(, , , , , , , , , , , , , , , , , , ,		(Address)		
	(Name) (Address)				
	(Name)		(Address)		
	(Name)	(Name) (Address)			
E	Mailina	add			
5.	Mailing address for future correspondence (annual report notices):				
		1869 E Seltice Way Suite 313 Post Falls, ID 83854			
	(Addres	ss)			
Sia	nature of c	organizer(s).			
	(Secretary of State use only	
Sigi	nature:	while all	ant	IDANO SECRETARY OF STATE	
Printed Name: Annette Shaw				08/21/2017 05:00	
r rır	neu name			CK:3048 CT:324611 BH:1599120	
				16 100.00 = 100.00 ORGAN LLC #2	
Sig	nature:			16 20.00 = 20.00 EXPEDITE C #3	

W187537

Printed Name: -