



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2013 FEB 25 AM 10:08
SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Free Hand Enterprises L.L.C.

2. The complete street and mailing addresses of the initial designated office:

204 S. Pinewood Dr. Post Falls ID 83854
(Street Address)

(Mailing Address, if different than street address)

3. The name and complete street address of the registered agent:

Joshua A. Cooper 204 S. Pinewood Dr. Post Falls ID
(Name) (Street Address)

4. The name and address of at least one member or manager of the limited liability company:

Name	Address
<u>Joshua A. Cooper</u>	<u>204 S. Pinewood Dr.</u>
_____	_____
_____	_____
_____	_____
_____	_____

5. Mailing address for future correspondence (annual report notices):

Same AS Above

6. Future effective date of filing (optional): _____

Signature of a manager, member or authorized person.

Signature [Signature]
Typed Name: Josh Cooper

Signature _____
Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
02/25/2013 05:00
CK: 1410 CT: 169141 BH: 1361672
1 @ 100.00 = 100.00 ORGAN LLC # 2

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