

CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

(Instructions on back of application)

The name of the limited lightlifty company is:

SECRETARY OF STATE STATE OF IDAHO

The name of the limited liability con	npany is:	STATE OF IDAHO
Hav	wkeye Industries LLC	
The complete street address, and m principal office:	nailing address if different	, of the initial designated
1437 N. Bluff F	Place, #202, Boise, Idaho 8370	6
The name of the commercial register address of the non-commercial regis		nd complete street
National Registered Agents, Inc	. 1423 Tyrell Lane Boise, ID 83	706 County of Ada
The name and address of at least o company:		
<u>Name</u>	Ado	ireas
Lars Olson	1437 N. Bluff Place, #2	02, Boise, Idaho 83706
		,
Mailing address for future correspon	•	
c/o: 1437 N. Blu	ff Place, #202, Boise, Idaho 83	100
Colors offerthis data of filler (anti-	N·	
Future effective date of filing (option	naı):	

Signature of an organizer(s). (An organizer is a member, or is acting in behalf of a required, and existing, initial member or members).

Signature ____

Typed Name: Karmelia Fredrick, Legalzoom.com, Inc.

Signature ______

g:tooptomstLLC formstoer_org_ltc.PMD Revised 07/2008 Secretary of State use only

IDAHO SECRETARY OF STATE

96/98/2009 95:00

CK: 347236 CT: 167623 BH: 1173686

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1 0 28.00 = 20.00 EXPEDITE C # 3

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