



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

09 AUG 28 AM 8:20

1. The name of the limited liability company is:

Straw Maze, LLC

SECRETARY OF STATE
STATE OF IDAHO

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

37 S 4th W Apt A, Rexburg, ID 83440

(Street Address)

(Mailing Address, if different than street address)

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

Mitchell Stoker

37 S 4th W Apt A, Rexburg, ID 83440

(Name)

(Street Address)

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

NameAddress

Mitchell Stoker

37 S 4th W Apt A, Rexburg, ID 83440

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

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

37 S 4th W Apt A, Rexburg, ID 83440

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

Signature of organizer(s). (An organizer is a member, or is acting in behalf of a member or members).

Signature _____

Typed Name: _____

Mitchell Stoker

Signature _____

Typed Name: _____

Secretary of State use only

 LLC Form 100-000000000000000000
 07/2008
 Rev. 07/2008
 100-100-0000 = 100.00

 IDAHO SECRETARY OF STATE
 08/28/2009 05:00
 CK: 300 CT: 223739 BN: 1184669
 100-100-0000 = 100.00 ORGAN LLC # 2

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