



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

09 AUG 28 AM 8:20

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Straw Maze, LLC

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:

Name

Address

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

IDAHO SECRETARY OF STATE
08/28/2009 05:00
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