



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

2014 MAR -7 AM 9:17

(Instructions on back of application)

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

WHITE RABBIT

LLC

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

1815 CURLEW DR, AMMON, IDAHO, 83406

(Street Address)

(Mailing Address, if different than street address)

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

TAYLOR SEELE

(Name)

1815 CURLEW DR, AMMON, IDAHO, 83406

(Street Address)

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

Name

Address

TAYLOR SEELE

1815 CURLEW DR, AMMON, IDAHO, 83406

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

1815 CURLEW DR, AMMON, IDAHO, 83406

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

Signature of a manager, member or authorized person.

Signature

Taylor Seele

Typed Name: TAYLOR SEELE

Signature

Typed Name:

Secretary of State use only

W135 247

IDAHO SECRETARY OF STATE
03/07/2014 05:00
CK: 112 CT: 293989 BH: 1414210
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