



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

10 JAN 19 AM 8:42

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

LaVona Andrew, LLC

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

3519 W. Glenn St.

(Street Address)

Boise, ID 83705

(Mailing Address, if different than street address)

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

LaVona Andrew

(Name)

3519 W. Glenn St.; Boise, ID 83705

(Street Address)

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

Name

Address

LaVona Andrew

3519 W. Glenn St.; Boise, ID 83705

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

3519 W. Glenn St.; Boise, ID 83705

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 *LaVona Andrew*
Typed Name: LaVona Andrew

Signature _____
Typed Name: _____

Secretary of State use only

g:\cop\forms\LLC forms\cert_org_1c.PMD
Revised 07/2008

IDAHO SECRETARY OF STATE
01/19/2010 05:00
CK: 1204 CT: 243956 DH: 1203851
1 @ 100.00 = 100.00 ORGAN LLC # 2

W89926