FILED EFFECTIVE



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2015 APR 29 AN 10 54

SECHETARY OF STATE

	(mstructions on baci	STATE OF IDAP		
1. The	name of the limited liability co	mpany is:		
	Reseame	d and Redeeme	ed Gifts, LLC	
2. The	ne complete street and mailing addresses of the initial designated/principal office:			
	5 Eastgate Dr., Bolse, Idaho 83716			
(Stre	et Address)	- -		
(Mail	ing Address, if different than street address)			
3. The	ame and complete street address of the registered agent:			
	ed States Corporation Agents, Inc.		Street, Suite 1100, Boise, ID 83702	
(Narr	(Name) (St		5)	
·	oany: <u>Name</u>		Address	
Sha	Shannon Sue Crawford		te Dr., Boise, Idaho 83716	
Tim	Tim Crawford		2815 Eastgate Dr., Boise, Idaho 83716	
,				
	_			
<u></u>				
5. Maili	ng address for future correspo	ndence (annu	ıal report notices):	
281	5 Eastgate Dr., Boise, Idaho 83716			
6. Futui	re effective date of filing (option	nal):		
	e of a manager, member or	authorized		
erson.	$\bigcap A_{0} \bigwedge$		Secretary of State use only	
Signature			,	
_	ame: Cheyenne Moseley, Assistan			
Then in	Secretary, LegalZoom,com, I		IDAHO SECRETARY OF STATE	
Sianetur			04/29/2015 05:00	
Signature Typed Name:			CK:2791152 CT:172099 BH:14	
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