



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2013 JUL 19 AM 9:14

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

CookieCon, LLC

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

2186 Frontier Dr, Ammon ID 83406

(Street Address)

(Mailing Address, if different than street address)

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

Karen E Summers

(Name)

2186 Frontier Dr, Ammon ID 83406

(Street Address)

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

Name

Address

Michael J Summers

2186 Frontier Dr, Ammon ID 83406

Karen E Summers

2186 Frontier Dr, Ammon ID 83406

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

2186 Frontier Dr, Ammon ID 83406

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature

Typed Name: Karen E Summers

Signature

Typed Name: Michael J Summers

Secretary of State use only

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07/19/2013 05:00  
CK: 3166 CT: 285499 BH: 1382781  
1 @ 100.00 = 100.00 ORGAN LLC # 2

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