



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

10 JUN -3 AM 8:15

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Kickflip Baby LLC

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

703 E. Garden Ave Coeur d'Alene, ID 83814

(Street Address)

(Mailing Address, if different than street address)

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

Tiffany Reed

(Name)

703 E. Garden Ave Coeur d'Alene, ID 83814

(Street Address)

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

Name

Caleb Reed

Address

703 E. Garden Ave Coeur d'Alene, ID 83814

Tiffany Reed

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

703 E. Garden Ave Coeur d'Alene, ID 83814

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

Tiffany Reed

Typed Name:

Tiffany Reed

Signature

Caleb Reed

Typed Name:

Caleb Reed

Secretary of State use only

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Revised 07/2008

IDAHO SECRETARY OF STATE
06/03/2010 05:00
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