



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2014 MAR -5 PM 1:51

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Kneck Knacks, llc

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

12345 W. Mercedes Street, Boise, ID 83713-0501

(Street Address)

(Mailing Address, if different than street address)

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

Kara L. Craig

(Name)

12345 W. Mercedes Street, Boise, ID 83713-0501

(Street Address)

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

Name

Address

Kara L. Craig

12345 W. Mercedes Street, Boise, ID 83713-0501

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

12345 W. Mercedes Street, Boise, ID 83713-0501

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

Signature of a manager, member or authorized person.

Signature

Typed Name: Kara L. Craig

Signature

Typed Name: _____

Secretary of State use only

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IDAHO SECRETARY OF STATE
03/05/2014 05:00
CK: 1727696 CT: 172099 BH: 1413730
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