

251



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

Title 30, Chapters 21 and 25, Idaho Code

Base Filing fee: \$100.00.

Complete and submit the application in duplicate.**FILED EFFECTIVE**

2016 SEP 16 PM 2:10

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

The Mixing Bowl LLC

(Remember to include the words "Limited Liability Company," "Limited Company," or the abbreviations L.L.C., LLC, or LC)

2. The complete street and mailing addresses of the principal office is:

|                  |        |         |           |
|------------------|--------|---------|-----------|
| 216 North Ninth  | Boise  | ID      | 83702     |
| (Street Address) | (City) | (State) | (Zipcode) |

|                                 |        |         |           |
|---------------------------------|--------|---------|-----------|
| (Mailing Address, if different) | (City) | (State) | (Zipcode) |
|---------------------------------|--------|---------|-----------|

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

|                                  |                  |            |         |           |       |
|----------------------------------|------------------|------------|---------|-----------|-------|
| LEGALINC CORPORATE SERVICES INC. | 800 WEST MAIN ST | SUITE 1460 | BOISE   | ID        | 83702 |
| (Name)                           | (Address)        | (City)     | (State) | (Zipcode) |       |

4. The name and address of at least one governor of the limited liability company:

|                 |                 |        |         |           |
|-----------------|-----------------|--------|---------|-----------|
| Mary Ann Mandel | 216 North Ninth | Boise  | ID      | 83702     |
| (Name)          | (Address)       | (City) | (State) | (Zipcode) |

|              |                       |        |         |           |
|--------------|-----------------------|--------|---------|-----------|
| James Mandel | 10532 N Palisades Way | Boise  | ID      | 83714     |
| (Name)       | (Address)             | (City) | (State) | (Zipcode) |

|        |           |        |         |           |
|--------|-----------|--------|---------|-----------|
| (Name) | (Address) | (City) | (State) | (Zipcode) |
|--------|-----------|--------|---------|-----------|

|        |           |        |         |           |
|--------|-----------|--------|---------|-----------|
| (Name) | (Address) | (City) | (State) | (Zipcode) |
|--------|-----------|--------|---------|-----------|

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

|                      |            |        |         |           |
|----------------------|------------|--------|---------|-----------|
| 800 WEST MAIN STREET | SUITE 1460 | BOISE  | ID      | 83702     |
| (Address)            |            | (City) | (State) | (Zipcode) |

Signature of organizer(s).

Printed Name: Krystal Green-Johnson

Signature: Krystal Green-Johnson

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Rev. 07/2015

Secretary of State use only

IDAHO SECRETARY OF STATE

09/16/2016 05:00

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