



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2012 MAR 21 AM 9:28

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

New York Pizza of Post Falls L.L.C.

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

920 N Hwy 41 #1 Post Falls ID 83854
(Street Address)

827 N Bainbridge St. Post Falls, ID 83854
(Mailing Address, if different than street address)

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

Glenn Gatherer
(Name)

827 N Bainbridge Post Falls, ID
(Street Address) 83854

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

Name	Address
<u>Glenn Gatherer</u>	<u>827 N Bainbridge St. Post Falls 83854</u>
_____	_____
_____	_____
_____	_____
_____	_____

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

827 N Bainbridge St Post Falls ID 83854

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

Signature of a manager, member or authorized person.

Signature Glenn Gatherer

Typed Name: Glenn Gatherer

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
03/21/2012 05:00
CK: 3899 CT: 268389 BH: 1316167
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