



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

2013 APR -8 AM 9:34

SECRETARY OF STATE
STATE OF IDAHO

(Instructions on back of application)

1. The name of the limited liability company is:

Mom's House, LLC

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

PO Box 26, 3678 Olsen, Iona, Idaho 83427

(Street Address)

(Mailing Address, if different than street address)

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

Darlene DeSomer

(Name)

3678 Olsen Iona ID 83427

(Street Address)

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

NameAddressDarlene DeSomerPO Box 26, 3678 Olsen, Iona, Idaho 83427

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

PO Box 26, 3678 Olsen, Iona, Idaho 83427

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

Signature of a manager, member or authorized person.

Signature R. Darlene DeSomerTyped Name: R. Darlene DeSomer

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
 04/08/2013 05:00
 CK: 1353440 CT: 172099 RH: 1360284
 1 @ 100.00 = 100.00 ORGAN LLC # 2
 1 @ 20.00 = 20.00 EXPEDITE C # 3

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