

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

10 FEB -8 AM 9: 08

1.	The name of the limited liability co	ompany is:	SECRETARY OF STATE
	1	Ka.Z Endeavors LLC	STATE OF IDAHO
2.	The complete street and mailing addresses of the initial designated/principal office:		
	3209 N Mountain Lane, Boise, ID 83702		
	(Street Address)		
	(Mailing Address, if different then street address)		· · · · · · · · · · · · · · · · · · ·
3.	The name and complete street address of the registered agent:		
	Kathryn Belodoff	3209 N Mountain L	ane, Boise, ID 83702
	(Name)	(Street Address)	
4.	The name and address of at least one member or manager of the limited liability company:		
	<u>Name</u> Kathryn Belodoff		iditeas. Ane, Boise, ID 83702
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5.	Wailing address for future correspondence (annual report notices): 3209 N Mountain Lane, Boise, ID 83702		
6.	Future effective date of filing (option	nal):	
	nature of organizer(s). (An organizer is a	a member, or is	
actin	ng in behalf of a member or members).		Secretary of State use only
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	ed Name: Kathryn Belodoff	- 	
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22/08/2010 25:00

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