







STATE OF IDAHO Office of the secretary of state, Phil McGrane **CERTIFICATE OF ORGANIZATION LIMITED** LIABILITY COMPANY

Idaho Secretary of State PO Box 83720 Boise, ID 83720-0080 (208) 334-2301 Filing Fee: \$100.00

For Office Use Only

-FILED-

File #: 0005735775

Date Filed: 5/13/2024 12:45:51 PM

| Certificate of Organization Limited Liability Company | | | |
|---|---|---|--------------|
| Select one: Standard, Expedited or Same descriptions below) | Day Service (see | Standard (filing fee \$100) | |
| 1. Limited Liability Company Name | | | |
| Type of Limited Liability Company | | Limited Liability Company | |
| Entity name | | Trailer Treats LLC. | |
| 2. The complete street address of the principal office is: | | | |
| Principal Office Address | | 2725 N WOODY DRIVE BOISE, ID 83703 | |
| 3. The mailing address of the principal office is: | | | |
| Mailing Address | | 2725 N WOODY DR BOISE, ID 83703-4860 | |
| 4. Registered Agent Name and Address | | | |
| Registered Agent | | Registered Agent | |
| | | Kari Hammon Physical Address: | |
| | | 2725 N WOODY DRIVE | |
| | | BOISE, ID 83703 | |
| | | Mailing Address: | |
| | | 2725 N WOODY DR BOISE, ID 83703-4860 | |
| I affirm that the registered agent appoi | nted has consented | I to serve as registered agent for | this entity. |
| Name | Address | | |
| Kari M Hammon | 2725 NORTH WOODY DRIVE BOISE, ID 83703 | | |
| Signature of Organizer: | 1 | | |
| Kari Hammon | | | 05/13/2024 |
| Sign Here | | | Date |