



0005288022



# 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 #: 0005288022

Date Filed: 6/19/2023 8:46:15 PM

| Certificate of Organization Limited Liability Company   |   |      |         |                 |                                    |                   |                                    |
|---|---|------|---------|-----------------|------------------------------------|-------------------|------------------------------------|
| Select one: Standard, Expedited or Same Day Service (see descriptions below)  |   |      |         |                 |                                    |                   |                                    |
| Standard (filing fee \$100)   |   |      |         |                 |                                    |                   |                                    |
| 1. Limited Liability Company Name   |   |      |         |                 |                                    |                   |                                    |
| Type of Limited Liability Company   | Limited Liability Company   |      |         |                 |                                    |                   |                                    |
| Entity name   | Crafty Fox, LLC   |      |         |                 |                                    |                   |                                    |
| 2. The complete street address of the principal office is:  |   |      |         |                 |                                    |                   |                                    |
| Principal Office Address  | 285 S RETORT AVE<br>KUNA, ID 83634  |      |         |                 |                                    |                   |                                    |
| 3. The mailing address of the principal office is:  |   |      |         |                 |                                    |                   |                                    |
| Mailing Address   | 285 S RETORT AVE<br>KUNA, ID 83634-5524   |      |         |                 |                                    |                   |                                    |
| 4. Registered Agent Name and Address  |   |      |         |                 |                                    |                   |                                    |
| Registered Agent  | Registered Agent<br>Tessa J Cousins<br>Physical Address:<br>285 S RETORT AVE<br>KUNA, ID 83634<br>Mailing Address:<br>285 S RETORT AVE<br>KUNA, ID 83634-5524 |      |         |                 |                                    |                   |                                    |
| <input checked="" type="checkbox"/> I affirm that the registered agent appointed has consented to serve as registered agent for this entity.  |   |      |         |                 |                                    |                   |                                    |
| 5. Governors  |   |      |         |                 |                                    |                   |                                    |
| <table border="1"> <thead> <tr> <th>Name</th> <th>Address</th> </tr> </thead> <tbody> <tr> <td>Tessa J Cousins</td> <td>285 S RETORT AVE<br/>KUNA, ID 83634</td> </tr> <tr> <td>Michael S Cousins</td> <td>285 S RETORT AVE<br/>KUNA, ID 83634</td> </tr> </tbody> </table> |   | Name | Address | Tessa J Cousins | 285 S RETORT AVE<br>KUNA, ID 83634 | Michael S Cousins | 285 S RETORT AVE<br>KUNA, ID 83634 |
| Name  | Address   |      |         |                 |                                    |                   |                                    |
| Tessa J Cousins   | 285 S RETORT AVE<br>KUNA, ID 83634  |      |         |                 |                                    |                   |                                    |
| Michael S Cousins   | 285 S RETORT AVE<br>KUNA, ID 83634  |      |         |                 |                                    |                   |                                    |
| Signature of Organizer:   |   |      |         |                 |                                    |                   |                                    |
| <i>Tessa J Cousins</i>  |   |      |         |                 |                                    |                   |                                    |
| Sign Here   |   |      |         |                 |                                    |                   |                                    |
| 06/19/2023  |   |      |         |                 |                                    |                   |                                    |
| Date  |   |      |         |                 |                                    |                   |                                    |