



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

2013 MAY 14 AM 8:53

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Season Savor LLC.

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

786 Masters Dr.

(Street Address)

Idaho Falls, Id 83401

(Mailing Address, if different than street address)

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

Cassie Packer

(Name)

786 Masters Dr., Idaho Falls, ID, 83401

(Street Address)

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

Name

Address

Cassie Packer

786 Masters Dr. Idaho Falls, ID 83401

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

786 Masters Dr, Idaho Falls, ID 83401

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

Signature of a manager, member or authorized person.

Signature Cassie Packer

Typed Name: Cassie Packer

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
05/14/2013 05:00
CK: 500 CT: 203159 BH: 1373006
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