



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

2015 JUN 26 PM 3:35

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

McFate's LLC

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

860 W. Tropical Dr., Nampa, Id 83686

(Street Address)

(Mailing Address, if different than street address)

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

Sonia Lyn McFate

(Name)

860 W. Tropical Dr., Nampa, Id 83686

(Street Address)

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

Name

Address

Sonia McFate

860 W. Tropical Dr., Nampa, Id 83686

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

860 W. Tropical Dr., Nampa, Id 83686

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

Signature of a manager, member or authorized person.

Signature

Typed Name: Sonia Lyn McFate

Signature

Typed Name: _____

Secretary of State use only
IDAHO SECRETARY OF STATE

06/26/2015 05:00

CK:115 CT:311795 BH:1481610

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