

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY 11 AUG 15 PM 1: 5L

NO.		· · · · · · · · · · · · · · · · · · ·
ALE T	(Instructions on back of	f application)
1	The name of the limited liability compa	SEON BY OF STATE any is: STATE
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	Chatterbox Enterpr	· · · · · · · · · · · · · · · · · · ·
2. The complete street and mailing addresses of the initial designated/principal office		
	168 McClure Ave.	, Nampa, 1D 83651
	(Street Address)	
	(Mailing Address, if different than street address)	
3. The name and complete street address of the registered agent:		s of the registered agent:
		- D O O O O O O O O O O O O O O O O O O
	Kirsten Grider	S387 S. Pegasus Way Boise 237/6 (Street Address)
	(radine)	(Calabi Minister)
А	The name and address of at least one	e member or manager of the limited liability
4.	company:	Hieriber of manager of the milited habity
	Name	<u>Address</u>
		
	1111112007-	11221 calaria No Price In 227
	Nikki Bentz	4281 S. Varian Ave, Boise, 112 8370
	Kirsten Grider	5387 S. Pegasus Way, Boise, 110 83716
		ي .
_	Station address for future correspond	oneo (annual report notices):
5. Mailing address for future correspondence (annual report notices):		
	168 McChure Ave, No	ampa ID 82031
_	Fiture official data of filling (optional)	Λ.
6.	Future effective date of filing (optional)	l)
_	nature of a manager, member or a	uthorized
per	son.	Secretary of State use only
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	X	
ιyp	bed Name: Nikki Bentu	
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Sig	nature Ant Phiore	
T	and Nama: VKingston Governor	1 5 100 00 - 100 00 05000 110 - 5

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