

Signature \_\_\_\_

Typed Name: \_\_\_\_\_

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY 09 AUG 20 AM 9:58

(Instructions on back of application)

| (                                                                                           | o, appnounci,                                | SECRETARY OF STATE                   |
|---------------------------------------------------------------------------------------------|----------------------------------------------|--------------------------------------|
| I. The name of the limited liability co                                                     | mpany is:                                    | STATE OF IDAHO                       |
| Go                                                                                          | d's Little Miracles, LLC                     |                                      |
| 2. The complete street address, and principal office:                                       | mailing address if di                        | ifferent, of the initial designated/ |
| 1908 W. Hone                                                                                | ey Dew Dr., Nampa, Ida                       | nho 83651                            |
| <ol> <li>The name of the commercial regist<br/>address of the non-commercial reg</li> </ol> |                                              | name and complete street             |
| National Registered Agents, Inc.                                                            | c. 1423 Tyrell Lane Bois                     | se, ID 83706 County of Ada           |
| I. The name and address of at least of company:  Name                                       | one member or mar                            | nager of the limited liability       |
| Julean Beavers                                                                              | 1908 W. Honey Dew Dr., Nampa, Idaho 83651    |                                      |
|                                                                                             |                                              |                                      |
| . Mailing address for future correspo<br>c/o: 1908 W. Ho                                    | ndence (annual rep<br>oney Dew Dr, Nampa, lo | •                                    |
| 5. Future effective date of filing (option                                                  | nal):                                        |                                      |
| ignature of an organizer(s). (An organizer is acting in behalf of a required, and existing  |                                              |                                      |
| members).                                                                                   | G M                                          | Secretary of State use only          |
| ignature                                                                                    |                                              |                                      |
| yped Name: Karmelia Fredrick, Legalzoor                                                     | m.com, Inc.                                  | IDANO SECRETARY OF STATE             |

IDANO SECRETARY OF STATE

OB/20/2009 05:00

CK: 367733 CT: 167623 BH: 1183748
1 2 108.80 = 108.80 ORGAN LLC N 2

