



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

09 JUN 19 PM 1:23

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

L-N-T Enterprises, LLC

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

951 W. Avalon St Kuna # 21, ID 83634

(Street Address)

(Mailing Address, if different than street address)

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

Lonnie A. White

951 W. Avalon St Kuna # 21, ID 83634

(Name)

(Street Address)

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

Name

Address

Tina M. Brown

951 W. Avalon St Kuna # 21, ID 83634

Lonnie A. White

951 W. Avalon St Kuna # 21, ID 83634

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

L & T Enterprises, LLC 951 W. Avalon St Kuna # 21, ID 83634

6. Future effective date of filing (optional): \_\_\_\_\_

Signature of organizer(s). (An organizer is a member, or is acting in behalf of a member or members).

Signature [Handwritten Signature]  
Typed Name: Lonnie A. White

Signature [Handwritten Signature]  
Typed Name: Tina M. Brown

Secretary of State use only

IDAHO SECRETARY OF STATE  
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