

FILED EFFECTIVE



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2012 MAY -4 PM 3:35

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Darcelle's LLC

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

2319 E Challis St. Meridian, Idaho 83646

(Street Address)

(Mailing Address, if different than street address)

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

Darcelle Sander

(Name)

2319 E Challis St. Meridian, Idaho 83646

(Street Address)

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

Name

Address

Darcelle Sander

2319 E Challis St. Meridian, Idaho 83646

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

2319 E Challis St. Meridian, Idaho 83646

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

Signature of a manager, member or authorized person.

Signature _____

[Handwritten Signature]
5-0-2012

Typed Name: Darcelle Sander

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
05/04/2012 05:00
CK: 985344 CT: 172099 BH: 1322900
1 @ 100.00 = 100.00 ORGAN LLC # 2

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