



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

2014 JUN 24 PM 2: 09

(Instructions on back of application)

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

PUFFY'S, LLC

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

208 N THIRD STREET, PARMA, ID 83660

(Street Address)

PO BOX 662, PARMA, ID 83660

(Mailing Address, if different than street address)

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

JODIE CRAFT

(Name)

208 N THIRD STREET, PARMA, ID 83660

(Street Address)

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

NameAddress

JODIE CRAFT

802 N C STREET, PARMA, ID 83660

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

PO BOX 662, PARMA, ID 83660

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

Signature of a manager, member or authorized person.

Signature

Typed Name: JODIE CRAFT

Signature

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

06/24/2014 05:00

CK: CASH CT: 298327 BH: 1430561

10 100.00 = 100.00 ORGAN LLC #2

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