





## STATE OF IDAHO

Office of the secretary of state, Lawerence Denney CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

Idaho Secretary of State PO Box 83720 Boise, ID 83720-0080 (208) 334-2301 Filing Fee: \$100.00 For Office Use Only



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| Certificate of Organization Limited Liability Company<br>Select one: Standard, Expedited or Same I<br>descriptions below) | Day Service (see     | Standard (filing fee \$100)                    |            |
|---|----------------------|--|------------|
| 1. Limited Liability Company Name   |                      |  |            |
| Type of Limited Liability Company   |                      | Limited Liability Company                      |            |
| Entity name   |                      | Seven Delites LLC                              |            |
| 2. The complete street address of the principal office is:  |                      |  |            |
| Principal Office Address  |                      | 1190 STANGER AVE.                              |            |
|   |                      | IDAHO FALLS, ID 83404                          |            |
| 3. The mailing address of the principal office is:  |                      |  |            |
| Mailing Address   |                      | 1190 STANGER AVE<br>IDAHO FALLS, ID 83404-5551 |            |
|   |                      | IDANO FALLS, ID 83404-5551                     |            |
| 4. Registered Agent Name and Address  |                      |  |            |
| Registered Agent  |                      | Registered Agent<br>Briana Hyde                |            |
|   |                      | Physical Address:                              |            |
|   |                      | 1190 STANGER AVE                               |            |
|   |                      | IDAHO FALLS, ID 83404-5551                     |            |
|   |                      | Mailing Address:                               |            |
|   |                      | 1190 STANGER AVE<br>IDAHO FALLS, ID 83404-5551 |            |
|   |                      | IDANO 1 ALLO, ID 00404-0001                    |            |
| I affirm that the registered agent appoin   | ted has consented to | o serve as registered agent for this           | entity.    |
| 5. Governors  |                      |  |            |
| Name  |                      | Address  |            |
|   |                      |  |            |
| Briana Hyde 1190 STANGER AVE.<br>IDAHO FALLS, ID 834  |                      |  |            |
|   |                      |  |            |
| Signature of Organizer:   |                      |  |            |
|   |                      |  |            |
|   |                      |  |            |
| Briana Hyde   |                      |  | 01/06/2022 |
| Sign Here   |                      |  | Date       |