



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

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(Instructions on back of application)

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Smokin' 44, LLC

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

6470 N. Arbon Valley Rd. Holbrook Idaho 83243

(Street Address)

(Mailing Address, if different than street address)

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

Bill Hubbard

(Name)

6470 N. Arbon Valley Rd.
Holbrook, Idaho 83243

(Street Address)

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

Name	Address
<u>Cody Wyatt Hubbard</u>	<u>6470 N. Arbon Valley Rd</u>
	<u>Holbrook, Idaho 83243</u>

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

6470 N. Arbon Valley Rd. Holbrook Idaho 83243

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

Signature of a manager, member or authorized person.

Signature Bill Hubbard

Typed Name: Bill Hubbard

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
08/23/2010 05:00
CK: 1479 CT: 250623 BH: 1235838
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