

## CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

Title 30, Chapters 21 and 25, Idaho Code Base Filing fee: \$100.00 typed, \$120 not typed

Printed Name:

Signature:

Rev. 01/2018

2018 APR 27 AM 9: 28

AFARETINU DE CTATE

| Complete and subm                 | it the application in <u>duplicate</u> .          | SEURETART OF STATE                           |  |
|-----------------------------------|---|--|--|
| The name of the limited liability | company is:                                       | And the colour sales are an extension        |  |
| MASON CREEK DOODLES               | LLC   |  |  |
| (Remember to include the wo       | rds "Limited Liability Company," "Limited Company | y, "or the abbreviations L.L.C., LLC, or LC) |  |
| The complete street and mailin    | g addresses of the principal office is:           |  |  |
| 17178 Madison Rd                  |   |  |  |
| (Street Address)                  |   |  |  |
| Nampa, ID 83687                   |   |  |  |
| (Mailing Address, if different)   |   |  |  |
| The name and complete street      | address of the registered agent:                  |  |  |
| Jerilynn McRae                    | 17178 Madison Rd Nar                              | mpa, ID 83687                                |  |
| (Name)                            | (Address)   |  |  |
| The name and address of at le     | ast one governor of the limited liabilit          | y company.                                   |  |
| Jerilynn McRae                    | •   | 17178 Madison Rd Nampa, ID 83687             |  |
| (Name)                            | (Address)   | mpa, 18 63007                                |  |
|                                   | ·   | ID   |  |
| Ken McRae                         | 17178 Madison Rd Nar                              | тра, ID 83687                                |  |
| (Name)                            | (Address)   |  |  |
| (Name)                            | (Address)   |  |  |
|                                   | , ,   |  |  |
| (Name)                            | (Address)   |  |  |
|                                   |   |  |  |
| <del>.</del>                      | espondence (annual report notices):               |  |  |
| 1224 7th Street South Nan         | npa, IU 83651                                     |  |  |
| (Address)                         |   |  |  |
| ature of organizer(s).            |   |  |  |
| ed Name: Terrell F Smith, Cl      | PA -  | Secretary of State use only                  |  |
| ou maille.                        | 0   |  |  |
| ature:                            | with CPA  | 10AHO SECRETARY OF STATE<br>04/27/2018 05:00 |  |
|                                   | CI''  | CK:1675 CT:357008 BH:164086                  |  |

10 100.00 = 100.00 ORGAN LLC #2

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