

## **CERTIFICATE OF ORGANIZATION** LIMITED LIABILITY COMPANY FILED EFFECTIVE

(Instructions on back of application)

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1.	The name of the limited liability com	pany is:	SECRET IN CESTA STATE OF BALLO	
	CR Pumpkins, LLC		Sign of Its. W	
2.	The complete street and mailing addresses of the initial designated office:  1070 Riverwalk Dr. Ste 200, Idaho Falls, ID 83402  (Street Address)			
	(Mailing Address, if different than street address)		<u></u>	
3.		e name and complete street address of the registered agent:		
	Preston Walker	1070 Riverwalk Dr. Ste 200, Idaho Fa	ills, ID 83402	
	(Name)	(Street Address)		
4.	The name and address of at least one member or manager of the limited liability company:			
	<u>Name</u>	<u>Address</u>		
	McNeil Walker	2130 S. Boulevard, Idaho Falls, ID 8	3402	
	Chase Walker	470 Coventry Ct., Idaho Falls ID 834	04	
5. Mailing address for future correspondence (annual report notices):				
	1070 Riverwalk Dr. Ste 200, Idaho Falls, ID 83402			
6.	Future effective date of filing (options	al):		
Sig	nature of a manager, member or	authorized		
_	rson.			
٥: -		Secretary o	f State use only	
_	nature D 1301/4			
ιyķ	ped Name: Presion Walker	IDAHO S	SECRETARY OF STATE	
Sig	nature	CH. UN CH W	/2012 05:00 CT: 268928 BH: 1318311 198.88 ORGAN LLC # 2	
	ped Name:			
	<del></del>		112712	

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