



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

1. The name of the limited liability company is:

Catering by Galea LLC

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

27018 S Cedar Grove Harrison ID 83833
(Street Address)

PO Box 197 Harrison ID 83833
(Mailing Address, if different than street address)

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

Paul Galea
(Name)

27018 S Cedar Grove Rd Harrison
ID 83833
(Street Address)

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

PaulEgalea #

27018 S Cedar Grove Harrison ID 83833

meganGalea

27018 S Cedar Grove Harrison ID 83833

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

PO Box 197 Harrison ID 83833

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

Signature of a manager, member or authorized person.

Signature Paul E. Galea

Secretary of State use only

Typed Name: Paul Galea #

Signature meganGalea

Typed Name: megan Galea

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07/01/2013 05:00
CK: 1406 CT: 284898 BH: 1388414
1 @ 100.00 = 100.00 ORGAN LLC # 2

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STATE OF IDAHO