

## CERTIFICATE OF ORGANIZATIONFILED EFFECTIVE LIMITED LIABILITY COMPANY

12 HAY 14 AM 8: 41

(Instructions on back of application)

SECRETARY OF STATE

The name of the limited liability company is:		y is:	STATE OF IDAHO"
	Big D	addy's, LLC	
2. The complete street  1480 Freeman, Idaho (Street Address)	•	ses of the initial designated	d office:
(Mailing Address, if different	than street address)		
3. The name and comp	olete street address o	of the registered agent:	
Amanda Sanchez (Name)		1480 Freeman, Idaho Falls, ID 83401 (Street Address)	
4. The name and addre	ess of at least one m	ember or manager of the li	lmited liability
Name	<del></del>	<u>Address</u>	
Amanda Sanchez	1480	1480 Freeman, Idaho Falls, ID 83401	
			·
5 Mailing address for 6	itura correspondence	e (annual report notices):	
1480 Freeman, Idaho Fr	•	s (annual report nouces).	
	f Piling I and I am it		
b. Future effective date	or ming (optional):		
Signature of a manage	r, member or autho	prized	
person.		Secretary (	of State use only
Signature			
Typed Name: Amanda San	chez	_	
Signature			
Typed Name:			OAHO SECRETARY OF STATE 14/2012 05:00

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CK: 992699 CT: 172099 BH: 1323904 1 0 100.00 = 100.00 ORGAN LLC # 3