







ALLY ELLIOTT

Signature of Organizer:

Sign Here

LOVETTE DOBSON

STATE OF IDAHO Office of the secretary of state, Phil McGrane **CERTIFICATE OF ORGANIZATION LIMITED** LIABILITY COMPANY

Idaho Secretary of State PO Box 83720 Boise, ID 83720-0080 (208) 334-2301 Filing Fee: \$100.00

For Office Use Only

-FILED-

File #: 0005309707

07/07/2023

Date

Date Filed: 7/7/2023 12:00:52 PM

Certificate of Organization Limited Liability Company Select one: Standard, Expedited or Same D descriptions below)	Day Service (see	Standard (filing fee \$100)
1. Limited Liability Company Name		
Type of Limited Liability Company		Limited Liability Company
Entity name		NATIVE WAYS LLC
2. The complete street address of the principal office is:		
Principal Office Address		3897 NORTH 3560 EAST KIMBERLY, ID 83341
3. The mailing address of the principal office is:		
Mailing Address		3897 N 3560 E KIMBERLY, ID 83341-5406
4. Registered Agent Name and Address		
Registered Agent I affirm that the registered agent appoint	ted has consented	Registered Agent BRENDEN FUNK Physical Address: 3897 NORTH 3560 EAST KIMBERLY, ID 83341 Mailing Address: 3897 N 3560 E KIMBERLY, ID 83341-5406 to serve as registered agent for this entity.
5. Governors		
Name	Address	
BRENDEN FUNK	148 BLUE LAKES BLVD N #277 TWIN FALLS, ID 83301	

148 BLUE LAKES BLVD N #277

TWIN FALLS, ID 83301

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