

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY STATE OF IDAHO (Instructions on back of care)

| 1. The name of the limited liab  | ility company is:                       |   |                     |
|--|---|---|---------------------|
|  | Store 28745                             | 5, LLC  |                     |
| 2. The complete street and mai   | ling addresses of                       | the initial designated/principal office         | :                   |
|  | MAIN ST., #120, MEI                     | RIDIAN, ID 83642-2828                           |                     |
| (Street Address)   |   |   |                     |
| (Mailing Address, if different than street a   | iddress)                                |   |                     |
| 3. The name and complete stre  | et address of the                       | registered agent:                               | ٠                   |
| Teak, Inc.   |   | 1404 N. MAIN ST., #120, MERIDIAN, ID 63642-2628 |                     |
| (Name)   | (Street Add                             | ress)   |                     |
| The name and address of at company:  | least one membe                         | or or manager of the limited liability          | \$ - * <sup>*</sup> |
| Name   |   | Address   |                     |
| TEAK, INC.   | 1404 N.                                 | 1404 N. MAIN ST., #120, MERIDIAN, ID 83642-2828 |                     |
|  |   |   |                     |
|  |   |   | <del></del>         |
|  |   |   | ·                   |
|  |   |   | <del></del>         |
|  |   | •   |                     |
|  | *************************************** |   | <del></del>         |
|  |   | •   |                     |
| 5. Mailing address for future con  |   |   |                     |
| 1404 N. M  | IAIN ST., #120, MER                     | UDIAN, ID 83642-2828                            |                     |
|  |   |   |                     |
| 6. Future effective date of filing (   | (optional):                             |   | <del></del>         |
|  |   |   | * *                 |
| Signature of organizer(s). (An organ   | izer is a member, or i                  | is<br>·   | u                   |
| acting in behalf of a member or member   | S).                                     | Secretary of State use only                     |                     |
| Signature Kari Joan  |   |   |                     |
| Typed Name: Kent Sager, Preside  | ent of Teak, Inc.                       | Mont on Schill                                  |                     |
| Service Servic |   |   |                     |
| Signature  |   | 6 370   | 31 .                |
| Typed Name:  |   | fernial<br>fernial                              |                     |
| · ·  |   |   |                     |

