

CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

2013 SEP -4 PM 1:11

A. E.	(instructions on bac	ck of application)	**************************************
4	The second of the P. W. L. P. 1999		SECRETARY OF STATE STATE OF IDAHO
Ŧ.	he name of the limited liability company is:		STATE OF IDATIO
	CNCR NUTS LLC		
2.	The complete street and mailing addresses of the initial designated office:		
	7709 W OVERLAND RD SUITE 130; BOISE ID 83709		
	(Street Address)		
	4510 N WATERFRONT WAY; BOISE ID 83703		
	(Mailing Address, if different than street address)		
3.	The name and complete street address of the registered agent:		
	COURTNEY CANTRELL	4444 N 47TH: POICE ID 02700	
	(Name)	1411 N 17TH; BOISE, ID 83702 (Street Address)	
	(Manie)	(Sileet Address)	
1	The name and address of the sat		e
4.	The name and address of at least one member or manager of the limited liability company:		
	Name	Address	
	COURTNEY DON CANTRELL	Address 1411 N 17TH STREET; BOISE, ID 83702	
	CHRISTOPHER ALLEN MAXSON	3773 N TETTY WAY; MERIDIAN, ID 83646	
5.	Mailing address for future corrects	andonas (annual assessit a	
J.	Mailing address for future correspondence		iotices):
	4510 N WATERFRONT WAY; BOISE, I	U 83703	
_			
6.	Future effective date of filing (optio	nal):	
Sigi	nature of a manager, member o	r authorized	
pers		LAS	
		7/	Secretary of State use only
Sigr	nature / //////////////////////////////////	9	
Тур	ed Name: MEMBER		
	/th //		
Sign	nature/ / / / /		IDAHO SECRETARY OF STATE
_	ed Name: NEMBER		09/04/2013 05:0 CK: 189 CT: 287152 BH: 13886
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IDAHO SECRETARY OF STATE

99/04/2013 05:00

CK: 190 CT: 287152 BH: 1388679

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