



# CERTIFICATE OF ORGANIZATION **FILED EFFECTIVE** LIMITED LIABILITY COMPANY

2013 DEC -5 AM 9:02

(Instructions on back of application)

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

Fringe - MJ, LLC

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

137 Woodridge Dr. Twin Falls, ID 83301

(Street Address)

(Mailing Address, if different than street address)

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

Meggan Klundt

(Name)

137 Woodridge Dr. Twin Falls, ID 83301

(Street Address)

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

**Name****Address**

Meggan Klundt

137 Woodridge Dr. Twin Falls, ID 83301

Jennifer Roberts

2292 Candleridge East Circle, Twin Falls, ID 83301

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

137 Woodridge Dr. Twin Falls, ID 83301

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature

Typed Name: Meggan Klundt

Signature

Typed Name: Jennifer Roberts

Secretary of State use only

IDAHO SECRETARY OF STATE  
 12/05/2013 05:00  
 CK: 1232 CT: 290321 BH: 1400519  
 1 @ 100.00 = 100.00 ORGAN LLC # 2  
 1 @ 20.00 = 20.00 EXPEDITE C # 3

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