

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

(Instructions on back of application)

08 AUG 18 AM 9: 35

1. Ti	he name of the limited liability compa	ny is:	SECRETARY OF STATE STATE OF IDAHO
_	F	Fire 10 Grill LLC	TONIO
2. Th	he complete street and mailing addres	sses of the initial	designated/principal office:
_	215 Madison S	t. E. Kimberly, ID 83	
(8	Street Address) po box 102	9 Kimberly, ID 83341	
ā	Mailing Address, if different than street address)		
3. Th	ne name and complete street address	of the registered	agent:
. 7	Ben Watson		St. E. Kimberly ID 83341
, v	(S	Street Address)	
4. Th	ne name and address of at least one r ompany:	member or mana	ger of the limited liability
	Name	Address	
-	Ben Watson	215 Madison St. E Kimberly, ID 83341	
_			
_			
-		<del></del>	
_			
5. Ma	ailing address for future corresponden	ice (annual report	t notices):
_		9 Kimberly, ID 8334	
 6. Fu	ture effective date of filing (optional):	<b>A</b>	
Signatu acting in	ure of organizer(s). (An organizer is a men n behalf of a member or members).	nber, or is	
	<u> </u>	g	Secretary of State use only
Signatu			
yped	Name: Ben R. Watson	5	
Signatu	ire	Normal'LC formations, org. Its PMD	
	vreName:	mak L	IDAHO SECRETARY OF STATE 08/18/2008 05:00
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IDAHO SECRETARY OF STATE

08/18/2008 05:00

CX: 696415095 CT: 228893 BH: 1132844

1 0 160.80 = 160.80 ORGAN LLC # 2

1 0 20.80 = 20.00 EXPEDITE C # 3