



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

11 JUN -7 AM 8:59

(Instructions on back of application)

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

LMK ENTERPRISES LLC

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

22430 ALLENDALE RD. WILDER, ID 83676-5244

(Street Address)

PO BOX 365 WILDER, ID 83676-0365

(Mailing Address, if different than street address)

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

LISSA KONTES

(Name)

22430 ALLENDALE RD WILDER, ID

(Street Address)

83676-5244

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

**Name****Address**LISSA KONTES22430 ALLENDALE RD WILDER, ID

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

PO BOX 365 WILDER, ID 83676-0365

6. Future effective date of filing (optional): \_\_\_\_\_

Signature of a manager, member or authorized person.

Signature LISSA KONTESTyped Name: LISSA KONTES

Signature \_\_\_\_\_

Typed Name: \_\_\_\_\_

Secretary of State use only

IDAHO SECRETARY OF STATE  
06/07/2011 05:00  
CK: 6854 CT: 259569 BH: 1277194  
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