







## STATE OF IDAHO

## Office of the secretary of state, Lawerence Denney CERTIFICATE OF ORGANIZATION LIMITED LIABILITY **COMPANY**

Idaho Secretary of State PO Box 83720 Boise, ID 83720-0080 (208) 334-2301 Filing Fee: \$100.00

For Office Use Only

-FILED-

File #: 0004321972

Date Filed: 6/22/2021 10:18:23 AM

| Certificate of Organization Limited Liability Company Select one: Standard, Expedited or Same Day Service (see descriptions below) |                                    | Standard (filing fee \$100)                      |  |
|--|------------------------------------|--|--|
| 1. Limited Liability Company Name  |                                    |  |  |
| Type of Limited Liability Company  |                                    | Limited Liability Company                        |  |
| Entity name  |                                    | Under the Cedars, LLC                            |  |
| The complete street address of the principal office is:     Principal Office Address   |                                    | 1135 TAYLOR MOUNTAIN DRIVE<br>VICTOR, ID 83455   |  |
| 3. The mailing address of the principal  | office is:                         |  |  |
| Mailing Address  |                                    | 1135 TAYLOR MOUNTAIN DR<br>VICTOR, ID 83455-5540 |  |
| 4. Registered Agent Name and Addres  | s                                  |  |  |
| Registered Agent   |                                    | Registered Agent<br>Kyle Warren                  |  |
|  |                                    | Physical Address:                                |  |
|  |                                    | 1135 TAYLOR MOUNTAIN DRIVE                       |  |
|  |                                    | VICTOR, ID 83455                                 |  |
|  |                                    | Mailing Address:                                 |  |
|  |                                    | 1135 TAYLOR MOUNTAIN DR<br>VICTOR, ID 83455-5540 |  |
| I affirm that the registered   | d agent appointed has consented to | o serve as registered agent for this entity.     |  |
| Name   |                                    | Address  |  |
|  | 1135 TAYLOR MOUNTAIN               | 1135 TAYLOR MOUNTAIN DRIVE<br>VICTOR, ID 83455   |  |
| Kyle Warren  | VICTOR, ID 83455                   |  |  |
| Kyle Warren Signature of Organizer:  | VICTOR, ID 83455                   |  |  |
|  | VICTOR, ID 83455                   | 06/22/2021                                       |  |