



## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

10 JUL -2 PM 12: 41

SECRETARY OF STATE STATE OF IDAHO

1.	The name of the limited liability company is: STATE OF IDAHO	
	DeDe's Ventures LLC	
2.	The complete street and mailing addresses of the initial designated/principal office: 6029 N. Oliver Ave. Boise, ID 83714	:
	(Street Address)	
	(Mailing Address, if different than street address)	
3.	The name and complete street address of the registered agent:	
	Deanna Mazeikas 6029 N. Oliver Ave. Boise ID 83714  (Name) (Street Address)	
4.	The name and address of at least one member or manager of the limited liability company:	
	Michael Mame  Address  6029 N. Oliver Ave Boise ID 83714	
	TOTO THE TOTAL CITY OF THE PROPERTY OF THE PRO	7///
	Dlanna Marlikas 6029 N. Oliver Ave. Boise 837	119
5.	Mailing address for future correspondence (annual report notices): 6029 N.Oliver Ave. Boise ID 83714	
6.	Future effective date of filing (optional):	
Sig	gnature of organizer(s). (An organizer is a member, or is	
acti	ting in behalf of a member or members).  Secretary of State use only	
Sig	gnature Veanna Washihan	
Ту	gnature Vanna Mazeikas  ped Name: Deanna Mazeikas  gnature Michael Mazeikas  IDAHO SECRETARY OF STA	
Sig	gnature	
Ту	rped Name: Michael Mazeikas IDAHO SECRETARY OF STA	TE = 00

10AHO SECRETARY OF STATE 07/02/2010 05:00 CK: 1211 CT: 249372 BH: 1229236 1 8 100.00 = 100.00 ORGAN LLC #