



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2014 JUL 15 PM 3:03

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

BECDIES ORIGINAL NORTH SHORE SHAPE ICE LLC.

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

2238 E. OVERLAND RD. MERIDIAN, ID 83642

(Street Address)

9432 W. SKYCLIFFE AVE. BOISE ID, 83704

(Mailing Address, if different than street address)

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

JARED MAIBON

(Name)

852 BENJAMIN LN. BOISE, ID 83704

(Street Address)

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

Name

Address

JARED MAIBON852 BENJAMIN LN. BOISE, ID 83704JAYLE MAIBON9432 W. SKYCLIFFE AVE BOISE, ID 83704

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

852 BENJAMIN LN. BOISE, ID 83704

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

Signature of a manager, member or authorized person.

Signature

Typed Name: JAYLE MAIBON

Signature

Typed Name: JARED MAIBON

Secretary of State use only

IDAHO SECRETARY OF STATE

07/15/2014 05:00

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