

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

09 OCT -9 AM 8: 20

(Instructions on back of application)

SECRETARY OF STATE STATE OF IDAHO

The name of the limited liability cor	mpany is: STATE OF IDAHC
	Fresh Take Studios , LLC
The complete street and mailing ad	Idresses of the initial designated/principal office:
	Grant St.; Moscow, ID 83843
(Street Address)	
(Malling Address, if different than street address)	4.5.10.000000000000000000000000000000000
The name and complete street add	ress of the registered agent:
Ann Lyon	753 Brent Dr.; Moscow ID 83843
(Name)	(Street Address)
company:	Address 753 Part Dr. Massay, ID 83943
Ann Lyon	753 Brent Dr.; Moscow, ID 83843
Kimberly Crimmins	403 N. Grant St.; Moscow, ID 83843
Geoffrey Crimmins	403 N. Grant St.; Moscow, ID 83843
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Mailing address for future correspon	ndence (annual report notices):
•	ndence (annual report notices): Grant St.; Moscow, ID 83843
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•	Grant St.; Moscow, ID 83843
403 N. G	Grant St.; Moscow, ID 83843
Future effective date of filing (option gnature of organizer(s). (An organizer is a	Prant St.; Moscow, ID 83843
403 N. G Future effective date of filing (option	a member, or is
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