CERTIFICATE OF ORGANIZATION FILED EFFECTIVE

(Instructions on back of application) I. The name of the limited liability company is: Comfy Clothing LLC I. The complete street and mailing addresses of the initial designated office: 3578 E 600 N Menan, ID 83434 (Natiling Address) 3578 E 600 N Menan, ID 83434 (Natiling Address, if different than street address) 3. The name and complete street address of the registered agent: Samantha Simpson (Street Address) 350 W 6th S APT 207 Rexburg, ID 83440 (Name) (Street Address) 4. The name and address of at least one member or manager of the limited liability company: Name Address Samantha Simpson 350 W 6th S APT 207 Rexburg, ID 83440 (Street Address) 5. Mailing address for future correspondence (annual report notices): 3578 E 600 N Menan, ID 83434 5. Future effective date of filling (optional): Ingular of a manager, member or authorized erson. Secretary of State use only Secretary of State use only IDANO SECRETARY OF STATE 91/11/2016 05:00 CK:200 CT: 318852 BH:1501 10/100 00 = 100.00 CRSAN 1	LIMITED LIABI	LITY COMF	'ANY 🍪 🖓	Av.	
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(Street Address) 4. The name and address of at least one member or manager of the limited liability company: Name	3. The name and complete street a	address of the reg	istered agent:		
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