

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

09 JUN 22 AM 9: 14

1.	The name of the limited liability com	npany is: Deluxe Deli LLC	SECRETARY OF STATE STATE OF IDAHO	
2.	The complete street and mailing addresses of the initial designated/principal office:			
	(Mailing Address, if different than street address)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
3.	The name and complete street address of the registered agent:			
	Julie Pierce	706 Stewart Av	venue, Lewiston, ID 83501	
	(Name)	(Street Address)		
4.	company:			
	<u>Name</u> Julie Pierce	706 Stewart Av	Address venue, Lewiston, ID 63501	
	- Control Miles			
•			**************************************	
			*.	
5.	. Mailing address for future correspondence (annual report notices): 706 Stewart Avenue, Lewiston, ID 83501			
6.	Future effective date of filing (optional):			
_	nature of organizer(s). (A ronganizer is a ng in behalf of a member of members).	· _	Secretary of State use only	
_	nature		•	
Тур	ed Name: Julie Pierce	Amstilc formsteart, org. in: PMD	IDANO SECRETARY OF STATE	
Sig	nature	STATE OF	CK: 18466 CT: 1116 BH: 1175766 1 0 196.00 = 186.00 DREGN LLC 8	
Tyr	ed Name:	* * * * * * * * * * * * * * * * * * *	1 0 20.00 = 20.00 EXPEDITE C 0	