



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

**FILED EFFECTIVE**  
12 MAY 21 AM 9:19  
SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

Your City Bites LLC

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

19131 W Treend Rd, Post Falls, ID 83854

(Street Address)

(Mailing Address, if different than street address)

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

Gabe Compton

(Name)

5476 W Citriswood Dr, Post Falls, ID 83854

(Street Address)

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

Name	Address
<u>Bradley Moss</u>	<u>3315 N Idaho Rd, Liberty Lake, WA 99019</u>
<u> </u>	<u> </u>
<u> </u>	<u> </u>
<u> </u>	<u> </u>
<u> </u>	<u> </u>

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

19131 W Treend Rd, Post Falls, ID 83854

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

Signature of a manager, member or authorized person.

Signature 

Typed Name: Bradley Scott Moss

Signature \_\_\_\_\_

Typed Name: \_\_\_\_\_

Secretary of State use only

IDAHO SECRETARY OF STATE  
05/21/2012 05:00  
CK: 187 CT: 270610 BH: 1325025  
1 @ 100.00 = 100.00 ORGAN LLC # 2

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