



CERTIFICATE OF ORGANIZATION LED EFFECTIVE LIMITED LIABILITY COMPANY

(Instructions on back of application)

2013 DEC 11 AM 9:13

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

WOOD CATERING LLC

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

329 S WOODRUFF AVE IDAHO FALLS ID 83401

(Street Address)

(Mailing Address, if different than street address)

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

BRIAN WOOD

(Name)

329 S WOODRUFF AVE IDAHO FALLS ID 83401

(Street Address)

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

Name

Address

BRIAN WOOD

329 S WOODRUFF AVE IDAHO FALLS ID 83401

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

329 S WOODRUFF AVE IDAHO FALLS ID 83401

6. Future effective date of filing (optional): _____

Signature of a manager, member or authorized person.

Signature

Typed Name: BRIAN WOOD

Signature

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
12/11/2013 05:00
CK: 46690 CT: 125363 BH: 1401337
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