





## STATE OF IDAHO

## Office of the secretary of state, Lawerence Denney CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

Idaho Secretary of State PO Box 83720 Boise, ID 83720-0080 (208) 334-2301 Filing Fee: \$100.00 For Office Use Only

-FILED-

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| Select one: Standard, Expedited or Same Day Service (s descriptions below) | see Standard (filing fee \$100)                     |
|--|---|
| 1. Limited Liability Company Name  |   |
| Type of Limited Liability Company  | Limited Liability Company                           |
| Entity name  | CK Supply LLC                                       |
| 2. The complete street address of the principal office is:                 |   |
| Principal Office Address   | 3290 SANDY DR<br>IDAHO FALLS, ID 83401              |
| 3. The mailing address of the principal office is:                         |   |
| Mailing Address  | 3290 SANDY DR                                       |
|  | IDAHO FALLS, ID 83401-5968                          |
| 4. Registered Agent Name and Address                                       |   |
| Registered Agent   | Registered Agent                                    |
|  | Karina E Clifford                                   |
|  | Physical Address:<br>3290 SANDY DR                  |
|  | IDAHO FALLS, ID 83401                               |
|  | Mailing Address:                                    |
|  | 3290 SANDY DR                                       |
|  | IDAHO FALLS, ID 83401-5968                          |
| ☑ I affirm that the registered agent appointed has conse                   | ented to serve as registered agent for this entity. |
| 5. Governors   |   |
| J. Governors   |   |
| Name   | Address   |
| Name   | Address  SANDY DR                                   |
| Name Karina E Clifford 3290  |   |
| Name  Karina E Clifford  3290 IDAH   | SANDY DR  |
| Name Karina E Clifford 3290  | SANDY DR  |