

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2008 AUG -6 PM 1:49

•	The name of	the limited	liability company	is:	

All Contracts SECRETARY OF STATE

	The second secon	STATE OF IDAMO
	Cascade	Floral, Gifts and Crafts LLC
2. ~		dresses of the initial designated/principal office:
	(Street Address)	
	P.O. Box (Mailing Address, if different than street address)	3Z , Cascade, ID 83611
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).	The name and complete street addr	ress of the registered agent:
	Kerri Turner	1227 Shore Drive, Cascade, ID 83611
	(Name)	(Street Address)
i. 7	company:	ne member or manager of the limited liability
	Name Kori Turnor	Address
	Kerri Turner	P.O. Box 32, Cascade, ID 83611
,		
. N	failing address for future correspon	
5. M		dence (annual report notices): P.O. Box 32., Cascade, ID 83611
3. F	Cascade Floral, F uture effective date of filing (optional	P.O. Box 32., Cascade, ID 83611
s. F	Cascade Floral, F uture effective date of filing (optional ture of organizer(s). (An organizer is a in behalf of a member or members).	P.O. Box 32., Cascade, ID 83611 al): member, or is
3. F igna	Cascade Floral, F uture effective date of filing (optional ture of organizer(s). (An organizer is a	P.O. Box 32 , Cascade, ID 83611 al): member, or is
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