

FILED EFFECTIVE



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2013 NOV 22 AM 9:01

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

STRICTLY PERSONAL, LLC.

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

1929 ROOP ROAD

(Street Address)

COCOLALLA, ID 83813

(Mailing Address, if different than street address)

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

LINDA M. GEARKE

(Name)

1929 Roop Road, Cocolalla, ID 83813

(Street Address)

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

Name**Address**Linda M. Gearke1929 Roop Road, Cocolalla, ID 83813

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

SAME AS ABOVE

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

Signature of a manager, member or authorized person.

Signature

Typed Name: LINDA M. GEARKE

Signature _____

Typed Name: _____

Secretary of State use only

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11/22/2013 05:00
CK: 5849 CT: 289982 BH: 1399200
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