



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE
2014 AUG 14 AM 3:40

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Joey Pietri Chinking LLC

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

1069 North View Drive McCall ID 83638

(Street Address)

PO Box 2265 McCall ID 83638

(Mailing Address, if different than street address)

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

Joey Pietri

(Name)

1069 North View Drive McCall Id 83638

(Street Address)

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

Name

Joey Pietri

Address

1069 North View Drive McCall ID 83638

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

PO Box 2265 McCall ID 83638

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

Signature of a manager, member or authorized person.

Signature _____

Typed Name: Joey Pietri

Signature _____

Typed Name: _____

Secretary of State use only

IDaho SECRETARY OF STATE

08/14/2014 05:00

CK:1330 CT:300087 BH:1437343
1@ 100.00 = 100.00 ORGAN LLC #2

W41137