

CERTIFICATE OF ORGANIZATION 14 HOY -6 AM 9: 52 LIMITED LIABILITY COMPANY SECRETARY OF STATE STATE OF IDAHO

养	(Instructions or	back of application)	STATE OF
	The name of the limited liabili	ty company is:	
	KelleCo Libations, LLC		
)	The complete street and mailing addresses of the initial designated office:		
	412 East Parkcenter Boulevard, Suite 325, Boise, Idaho 83706		
	(Street Address) P.O. Box 1545, Boise, Idaho 83701		
	(Mailing Address, if different than street address)		
3.	The name and complete street address of the registered agent:		
	Richard A. Cummings	412 E. Parkcenter Blvd., Suite 325, Boise, ID 83706	
	(Name)	(Street Address)	
4.	The name and address of at least one member or manager of the limited liability company:		
	<u>Name</u>	Address 1056 West Newfield Drive, Eagle, Idaho 83616	
	Mikelle K. Oliver	1056 West Newmen	Drive, Eagle, idano 63616
5.	Mailing address for future corr P.O. Box 1545, Boise, Idaho 8370		port notices):
6.	Future effective date of filing (optional):	
Sigi	nature of a manager, memb	er or authorized	
per	son.		Secretary of State use only
Sigr	nature Mikle Oliv	<u>u</u>	
Тур	ed Name: Mikelle K. Oliver, Mana	ager	IDAHO SECRETARY OF STATE
		: !	11/06/2014 05:00
Sign	nature		CK:6683 CT:88795 BH:144836
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Typed Name: _____

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