



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

2012 MAR 12 AM 9:33

(Instructions on back of application)

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Mountain Mamas, L.L.C.

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

7059 W. Hwy. 33 - Teton, Idaho 83452

(Street Address)

(Mailing Address, if different than street address)

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

Krista L. Nichols

(Name)

7059 W. Hwy. 33 - Teton, Idaho

(Street Address)

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

Name

Address

Krista L. Nichols

7059 W. Hwy. 33 - Teton, IDAHO 83452

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: Krista L. Nichols

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
03/12/2012 05:00
CK: 1086 CT: 268069 BH: 1314775
1 @ 100.00 = 100.00 ORGAN LLC # 2

W/11 926