







STATE OF IDAHO

Office of the secretary of state, Lawerence Denney **CERTIFICATE OF ORGANIZATION LIMITED** LIABILITY COMPANY

Idaho Secretary of State PO Box 83720 Boise, ID 83720-0080 (208) 334-2301 Filing Fee: \$100.00

For Office Use Only

-FILED-

File #: 0004682811

Date Filed: 4/3/2022 12:30:15 PM

| Certificate of Organization Limited Liability Company Select one: Standard, Expedited or Sar descriptions below) | | Standard (filing fee \$100) | |
|--|------------------------------|---|--|
| 1. Limited Liability Company Name | | | |
| Type of Limited Liability Company | | Limited Liability Company | |
| Entity name | | HNB. Affiliate Business Ventures LLC | |
| 2. The complete street address of the principal office | is: | | |
| Principal Office Address | | 1494 EAST 400 NORTH SAINT ANTHONY, ID 83445 | |
| 3. The mailing address of the principal office is: | | | |
| Mailing Address | | 1494 E 400 N SAINT ANTHONY, ID 83445-5102 | |
| 4. Registered Agent Name and Address | | | |
| Registered Agent | | Registered Agent | |
| | | Hunter N Burns Physical Address: | |
| | | 1494 E 400 N | |
| | | SAINT ANTHONY, ID 83445 | |
| | | Mailing Address: | |
| | | 1494 E 400 N SAINT ANTHONY, ID 83445-5102 | |
| I affirm that the registered agent ap | pointed has consented | d to serve as registered agent for this entity. | |
| Name | | Address | |
| Hunter N Burns | 1494 E 400 N SAINT ANTHON | 1494 E 400 N SAINT ANTHONY, ID 83445 | |
| Signature of Organizer: | | | |
| Hunter Nicole Burns | | 04/03/2022 | |
| Sign Here | | Date | |