

CERTIFICATE OF ORGANIZATION

| | LIMITED LIABILITY COMBANY 29 44 10:40 |
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| | (Instructions on back of application) STATE OF JOAHO TE |
| 1. | The name of the limited liability company is: |
| | The name of the limited liability company is: Treasured Effects LLC |
| 2. | The complete street address, and mailing address if different, of the initial designated/ principal office: |
| | 9898 W.Sleepy Hollow Lane, Garden City Idaho, 83714 |
| 3. | The name of the commercial registered agent; or the name and complete street address of the non-commercial registered agent: |
| | National Registered Agents, Inc. 1423 Tyrell Lane Boise, ID 83706 County of Ada |
| 4. | The name and address of at least one member or manager of the limited liability company: Name Address |
| | Sandra Carson Fought 9898 W.Sieepy Hollow Lane, Garden City Idaho, 83714 |
| | |
| 5. | Mailing address for future correspondence (annual report notices): c/o: 9898 W.Sleepy Hollow Lane, Garden City Idaho, 83714 |
| 6. | Future effective date of filing (optional): |
| or is | nature of an organizer(s). (An organizer is a member, acting in behalf of a required, and existing, initial member embers). Secretary of State use only |
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