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# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

Title 30, Chapters 21 and 25, Idaho Code

Filing fee: \$100 typed, \$120 not typed

Complete and submit the application in duplicate.**FILED EFFECTIVE**

2018 JAN -2 AM 9:02

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

A Cut Above LLC

(Remember to include the words "Limited Liability Company," "Limited Company," or the abbreviations LLC, LLC, or LC)

2. The complete street and mailing addresses of the principal office is:

1775 E 17th Street Suite B, Idaho Falls, ID 83404

(Street Address)

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

Cynthia A. Sievers4245 Cherrywood Circle, Ammon ID 83406

(Name)

(Address cannot be a post office box or postal mail box.)

4. The name and address of at least one governor of the limited liability company:

Cynthia A. Sievers4245 Cherrywood Circle, Ammon ID 83406

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

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

1775 E 17th Street Suite B, Idaho Falls, ID 83404

(Address)

Signature of organizer(s).

Signature: Cynthia A. SieversPrinted Name: Cynthia A. Sievers

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Secretary of State use only

IDAHO SECRETARY OF STATE

01/02/2018 05:00

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