

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY 10 MAY -6 AM 8: 17

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(Instructions on back of	OLONG ARY OF STATE
1. The name of the limited liability compa	iny is: STATE OF IDAHO
the Kickin' NOD LLC	
	sses of the initial designated/principal office:
718 Arth	or st
(Street Address)	83100G
(Mailing Address, if different than street address)	0.000
3. The name and complete street address	of the registered agent:
Machalla Signal 2	217 000000000000000000000000000000000000
(Name) Seget (S	Street Address)
	CKCD 10. 83005
<ol><li>The name and address of at least one r company:</li></ol>	member or manager of the limited liability
Name	Address
Machelle Sugrel 3	3317 Colorado Ave Caldwell,
·	en e
5. Mailing address for future corresponden	
3317 COLDRADO AV	's CALDWELL IN \$3600S
6. Future effective date of filing (optional):	
control and control and control (optionis).	
Signature of organizer(s). (An organizer is a men	mber, or is
cting in behalf of a member or members).	Secretary of State use only
Signature Migael	
Typed Name: Machelle Sieo	<u> </u>
The state of the s	S S S S S S S S S S S S S S S S S S S
Signature	IDAHO SECRETARY OF STATE  O.5 / O.6 / 2010
yped Name:	CK: HO CK# CT: 247732 BH: 12216
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