



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

(Instructions on back of application)

2014 AUG 25 AM 8:51

1. The name of the limited liability company is:

~~Denise~~ Denise Gluten Free LLC

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

13362 W. Woodspring Ct, Boise, ID 83713
(Street Address)

(Mailing Address, if different than street address)

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

Denise Loehr
(Name)

Same ↑
(Street Address)

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

Name	Address
Denise Loehr	Same as above
James Loehr	

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

13362 W. Woodspring Ct, Boise, ID 83713

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature Denise Loehr
Typed Name: Denise Loehr

Signature _____
Typed Name: _____

Secretary of State use only

IDaho SECRETARY OF STATE
08/25/2014 05:00
CK:7306 CT:300401 BH:1438595
1@ 100.00 = 100.00 ORGAN LLC #2

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