251

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

2017 NOV 15 AM 9: 06

FILED EFFECTIVE

Title 30, Chapters 21 and 25, Idaho Code Filing fee: \$100 typed, \$120 not typed

SECRETARY OF STATE STATE OF IDAHO

Complete and submit the application in duplicate.

(Remember to include the wa	ords "Limited Liability Company," "Limited Company," or the abbreviations L.L.C., LLC, or LC)	
The complete street and mail	ling addresses of the principal office is: se, ID. 83709	
Street Address)		
The state of the s		
he name of the registered a	igent and the street address of the registered agent:	
Noel Arcayena	1917 W. Glade Creek St. Meridian, ID 83646	
Name)	(Address cannot be a post office box or postal mail box.)	
he name and address of at l lustine Chaz Arcayena	least one governor of the limited liability company: 10497 W. Jerry Peak St. Boise, ID. 83709	
iame)	(Address)	
Emily Bourdon	10623 W. Goldenrod Ave. Boise, ID. 83713	
Vame)	(Address)	
lame)	(Address)	
lame)	(Address)	
Mailing address for future cor	rrespondence (annual report notices):	
failing address for future cor	rrespondence (annual report notices):	
Mailing address for future cor 0497 W. Jerry Peak St. Bois (Address)	rrespondence (annual report notices):	
Mailing address for future cor 10497 W. Jerry Peak St. Bois (Address)	rrespondence (annual report notices):	
10497 W. Jerry Peak St. Bois	rrespondence (annual report notices): se, ID. 83709	

CK:280 CT:348433 BH:1612078 10 30.00 = 30.00 CONVERSION #2

W/92040

Rev. 11/2015

Printed Name:

Emily Bourdon

FILED EFFECTIVE



STATEMENT OF CONVERSION

Pursuant to § 30–22–405, Idaho Code
Filing fee: \$30 typed, \$50 not typed
Complete and submit the form in duplicate.

2017 NOV 15 AM 9: 06

SECRETARY OF STATE STATE OF IDAHO

Note: Conversion documents are complex. Please seek appropriate legal and/or financial advice before making this important business decision.

Name:	ited Liability P	arthership
Jurisdiction:		
Type: (Corporation, Limited Liability Ci	ompany, Limited Partnership, etc)	
P	, ,	proved in accordance with § 30–22–405, Idaho Code
<u></u>		pproved in accordance with the law of its
NVERTED ENTITY: Capes & Crowns LL Name:	.c	
Idaho Jurisdiction:		
LIC		
Type: (Corporation, Limited Liability C	ompany, Limited Partnership, etc)	
organic record, or statement of	qualification.	ship, please attach a copy of the entity's public
	qualification.	
organic record, or statement of b. If this is a foreign entity please (Registered Agent Name)	qualification. designate a registered agent (Address)	
organic record, or statement of b. If this is a foreign entity please (Registered Agent Name)	qualification. designate a registered agent (Address) Effective upon filing	
organic record, or statement of b. If this is a foreign entity please (Registered Agent Name) ECTIVE DATE OF CONVERSION:	qualification. designate a registered agent (Address) Effective upon filing On future date:	in the space provided:
organic record, or statement of b. If this is a foreign entity please (Registered Agent Name) ECTIVE DATE OF CONVERSION: ed Name: Justine Chaz Arcay	qualification. designate a registered agent (Address) Effective upon filing On future date:	in the space provided: er date – not more than 90 days in the future) Secretary of State use only
organic record, or statement of b. If this is a foreign entity please (Registered Agent Name) ECTIVE DATE OF CONVERSION: ed Name: Justine Chaz Arcay	qualification. designate a registered agent (Address) Effective upon filing On future date:	in the space provided: er date – not more than 90 days in the future)
organic record, or statement of b. If this is a foreign entity please (Registered Agent Name) ECTIVE DATE OF CONVERSION: ed Name: Justine Chaz Arcay city: Manager/Member	qualification. designate a registered agent (Address) Effective upon filing On future date:	in the space provided: er date – not more than 90 days in the future) Secretary of State use only IDAHO SECRETARY OF STATE
organic record, or statement of b. If this is a foreign entity please (Registered Agent Name) FECTIVE DATE OF CONVERSION: ed Name: Justine Chaz Arcay city: Manager/Member	qualification. designate a registered agent (Address) Effective upon filing On future date:	in the space provided: er date – not more than 90 days in the future) Secretary of State use only IDAHO SECRETARY OF STATE 11/15/2017 05:00 CK:280 ET:348433 BH:16120