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CERTIFICATE OF ORGANIZATION FILED EFFECTIVE 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.

2016 MAY -3 PM 2:46

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Culinnovations LLC

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

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

1376 Fillmore St. PO Box 5833, Twin Falls ID, 83301

(Street Address)

(Mailing Address, if different)

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

Amanda Demmerly

519 Eastridge Dr., Kimberly ID, 83341

(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:

Amanda Demmerly

519 Eastridge Dr., Kimberly ID, 83341

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

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

519 Eastridge Dr., Kimberly ID, 83341

(Address)

Signature of organizer(s).

Signature:

Printed Name: Amanda Demmerly

Signature:

Printed Name:

Secretary of State use only

IDAHO SECRETARY OF STATE

05/03/2016 05:00

CK:3827558 CT:172099 BH:1526608

1@ 100.00 = 100.00 ORGAN LLC #2

1@ 20.00 = 20.00 EXPEDITE C #3

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