



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

10 DEC 16 PM 3:47

(Instructions on back of application)

DEPARTMENT OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Mott's Deli LLC

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

577 Park Boulevard, Boise, ID 83712

(Street Address)

(Mailing Address, if different than street address)

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

Richard T. Mott

(Name)

577 Park Boulevard, Boise, ID 83712

(Street Address)

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

Name**Address**

Richard T. Mott (Manager)

577 Park Boulevard, Boise, ID 83712

Kiera Mott (Manager)

577 Park Boulevard, Boise, ID 83712

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

577 Park Boulevard, Boise, ID 83712

6. Future effective date of filing (optional): _____

Signature of a manager, member or authorized person.

Signature

Typed Name: Richard T. Mott

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
12/16/2010 05:00
CK: 5219 CT: 67899 BN: 1251244
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