



CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

1 APR -1 AM 8:37

(Instructions on back of application)

1. The name of the limited liability company is:

SECRETARY OF STATE
STATE OF IDAHO

LULU & OLIVER, LLC

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

138 K ST. REXBURG, ID 83440

(Street Address)

(Mailing Address, if different than street address)

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

LUCINDA MCQUISTON NEILSON

(Name)

138 K ST. REXBURG, ID 83440

(Street Address)

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

Name
LUCINDA MCQUISTON NEILSONAddress
138 K ST. REXBURG, ID 83440

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

138 K ST. REXBURG, ID 83440

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

Signature of a manager, member or authorized person.

Signature Richie
Typed Name: RICHIE WEBB

Secretary of State use only

Signature _____
Typed Name: _____

IDAHO SECRETARY OF STATE
04/01/2011 05:00
CK: 2683 CT: 171497 BH: 1267310
1 @ 100.00 = 100.00 ORGAN LLC # 2

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