







STATE OF IDAHO

Office of the secretary of state, Lawerence Denney CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

Idaho Secretary of State PO Box 83720 Boise, ID 83720-0080 (208) 334-2301 Filing Fee: \$100.00 For Office Use Only

-FILED-

File #: 0004216003

Date Filed: 3/22/2021 4:16:05 PM

| Select one: Standard, Expedited or Same Day | Service (see Standard (filing fee \$100) |
|--|--|
| descriptions below) | Standard (ming fee \$ 100) |
| 1. Limited Liability Company Name | |
| Type of Limited Liability Company | Limited Liability Company |
| Entity name | GARIBALDI LLC |
| 2. The complete street address of the principal office is: | |
| Principal Office Address | 207 W SHERIDAN AVE |
| | NAMPA, ID 83686 |
| 3. The mailing address of the principal office is: | 007 W OUEDIDAN AVE |
| Mailing Address | 207 W SHERIDAN AVE NAMPA, ID 83686-2716 |
| | THANNI A, ID 00000-27 TO |
| 4. Registered Agent Name and Address | Degistered Agent |
| Registered Agent | Registered Agent RONALD GALLOWAY |
| | Physical Address: |
| | 207 W SHERIDAN AVE |
| | NAMPA, ID 83686 |
| | Mailing Address: |
| | 207 W SHERIDAN AVE |
| | |
| | NAMPA, ID 83686-2716 |
| ☑ I affirm that the registered agent appointed | NAMPA, ID 83686-2716 I has consented to serve as registered agent for this entity. |
| | |
| I affirm that the registered agent appointed 5. Governors Name | |
| 5. Governors | d has consented to serve as registered agent for this entity. |
| 5. Governors Name | I has consented to serve as registered agent for this entity. Address |
| 5. Governors Name | Address 207 W SHERIDAN AVE |
| 5. Governors Name JUDY GALLOWAY | Address 207 W SHERIDAN AVE |