



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

10 NOV -9 PM 12:00

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

Debbie Smith, LLC

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

112 E Crestline Dr. Boise, ID 83702

(Street Address)

(Mailing Address, if different than street address)

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

Debbie Smith  
(Name)

112 E Crestline Dr  
(Street Address) Boise, ID 83702

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

Debbie Smith  
Name

112 E Crestline Dr.  
Address

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

112 E Crestline Dr. Boise ID 83702

6. Future effective date of filing (optional): \_\_\_\_\_

Signature of a manager, member or authorized person.

Signature Deborah Smith  
Typed Name: Deborah Smith

Signature \_\_\_\_\_  
Typed Name: \_\_\_\_\_

Secretary of State use only

IDAHO SECRETARY OF STATE  
11/09/2010 05:00  
CK: 6745 CT: 252640 BH: 1246468  
1 @ 100.00 = 100.00 ORGAN LLC # 2

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