

## CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

(Instructions on back of application)

08 NOV 17 PM 12: 43

The name of the limited liability com  TON	pany is: SECRETARY OF STATE STATE OF IDAHO GUE N' CHEEK, LLC
2. The complete street and mailing add	Iresses of the initial designated/principal office: DR. BLANCHARD, ID 83804-5012
(Street Address)	SAME
(Mailing Address, if different than street address)	
3. The name and complete street addre	ess of the registered agent:
SHARON R COOK	28 SANS SOUCI DR. BLANCHARD, ID 83804-5012
(Name)	(Street Address)
The name and address of at least or company:	ne member or manager of the limited liability
<u>Name</u>	Address
SHARON R COOK	28 SANS SOUCI DR. BLANCHARD, ID 83804-5012
5. Mailing address for future correspon	idence (annual report notices):
28 SANS SOUCI DR. BLANCHARD, ID 83804-5012	
6. Future effective date of filing (option Signature of organizer(s). (An organizer is a	
acting in behalf of a member or members).	Secretary of State use only
Signature Sharon R. Cook  Typed Name: SHARON R COOK	<u> </u>
Typed Name: SHARON R COOK	IDAHO SECRETARY OF STATE  11/17/2008 05:00  CK: 2235 CT: 231532 BH: 1144860  1 8 100.80 = 100.80 ORGAN LLC # 2
Signature	1 0 100.00 = 100.00 ORGAN LLC # 2
Typed Name:	