



CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

(Instructions on back of application)

11 MAY 11 AM 8:40

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

KONA DOG LLC

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

697 FILLMORE ST. TWIN FALLS, IDAHO 83301

(Street Address)

SAME

(Mailing Address, if different than street address)

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

MARK E MAKIN

(Name)

697 FILLMORE ST. TWIN FALLS, ID. 83301

(Street Address)

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

Name

Address

MARK E MAKIN

697 FILLMORE ST. TWIN FALLS, ID. 83301

TAMARA A MAKIN

697 FILLMORE ST TWIN FALLS, ID. 83301

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

697 FILLMORE ST. TWIN FALLS IDE. 83301

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

Signature of a manager, member or authorized person.

Signature

Typed Name: MARK E MAKIN

Signature

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
05/11/2011 05:00
CK: 1607 CT: 258688 BH: 1273187
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