

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY CONTENTS LIMITED LIABILITY COMPANYOUS SEP -8 AM 9: 09

8.4				- OV OF STATE	
1		(Instructions on	back of application)	SECRETARY OF STATE STATE OF IDAHO	
, <b>1.</b>	The name of	of the limited liabilit	y company is:		
	Carolina in My Mind, LLC				
2.	The complete street and mailing addresses of the initial designated/principal office:				
	500 Michael Ave, Pocatello, ID 83201				
	(Street Address	)			
	(Mailing Addres	s, if different than street add	ress)		
3.	The name and complete street address of the registered agent:				
	The	omas D. Gwinn	500 Mich	ael Ave., Pocatello, ID 83201	
	(Name)		(Street Address)		
4.	The name and address of at least one member or manager of the limited liability company:  Name  Address				
	Thomas D. Gwinn		500 Micha	500 Michael Ave., Pocatello, ID 83201	
	Kathleen A. Gwinn		500 Micha	500 Michael Ave., Pocatello, ID 83201	
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5.	Mailing addr		spondence (annual re	· ·	
		500 N	Michael Ave., Pocatello, ID	83201	
<b>6.</b>	Future effect	tive date of filing (or	otional):		
· ••••••					
		nizer(s). (An organize member or members).			
	D	1 / H		Secretary of State use only	
Sign	ature <u></u>	mos Shown			
Туре	ed Name: _	Thomas D. G.	winn B		
			Comate	IDAHO SECRETARY OF STATE_	
_		<del></del>	WULLC formationer, org. is: PMD	09/08/2008 05 ± 00 CK; 150865 CT: 172099 BH: 1134784	
Type	ed Name: _	<del></del>	Pare	1 @ 100.00 = 100.00 ORGAN LLC #	
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