



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

10 SEP 23 AM 8:59

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Cool Flavors Distributing, LLC

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

2029 Rivercrest Dr., #102, Twin Falls, ID 83301

(Street Address)

(Mailing Address, if different than street address)

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

Cecile E. Caswell

(Name)

2029 Rivercrest Dr., #102, 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

Leroy A. Mickey

2029 Rivercrest Dr., #102, Twin Falls, ID 83301

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

2029 Rivercrest Dr., #102, Twin Falls, ID 83301

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature

Cecile E. Caswell

Typed Name: Cecile E. Caswell

Signature

Typed Name:

Secretary of State use only

IDAHO SECRETARY OF STATE
09/23/2010 05:00
CK: 98 CT: 251473 BH: 1240143
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