



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

2015 JAN 30 AM 8:32

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Buddy Peas, LLC

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

160 Hemlock St. Victor, ID 83455
(Street Address)

PO Box 846 Victor, ID 83455
(Mailing Address, if different than street address)

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

Scott Fitzgerald
(Name)

160 Hemlock St POB 846 Victor, ID 83455
(Street Address)

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

Scott Fitzgerald
Name

160 Hemlock St. POB 846 Victor, ID 83455
Address

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

PO Box 846 Victor, ID 83455

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

Signature of a manager, member or authorized person.

Signature Scott Fitzgerald

Typed Name: Scott Fitzgerald

Signature _____

Typed Name: _____

IDAHO SECRETARY OF STATE

01/30/2015 05:00

CK:148 CT:305823 BH:1459563

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