



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

**FILED EFFECTIVE**

11 JUL -8 AM 10:49

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

Peach Pit Purses LLC

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

8656 N Cloverleaf Dr Hayden, ID 83835

(Street Address)

(Mailing Address, if different than street address)

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

Kimberly Peach

(Name)

8656 N Cloverleaf Dr Hayden ID 83835

(Street Address)

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

Name

Address

Kimberly Peach

8656 N Cloverleaf Dr Hayden ID 83835

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

8656 N Cloverleaf dr Hayden ID 83835

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature

Typed Name: Kimberly Peach managing member

Signature

Typed Name:

Secretary of State use only

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07/08/2011 05:00  
CK: 638207209 CT: 260483 BH: 1281659  
1 @ 100.00 = 100.00 ORGAN LLC # 2

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