



**CERTIFICATE OF ORGANIZATION FILED EFFECTIVE
LIMITED LIABILITY COMPANY**

(Instructions on back of application)

08 AUG 20 AM 8:15

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Barbie's House LLC

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

185 Holstein, Inkom Idaho, 83245

(Street Address)

P.O. Box 241, Inkom Idaho, 83245

(Mailing Address, if different than street address)

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

Barbara Girard

185 Holstein, Inkom Idaho, 83245

(Name)

(Street Address)

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

Name

Barbara Girard

Address

185 Holstein, Inkom Idaho, 83245

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

185 Holstein, P.O. Box 241, Inkom Idaho, 83245

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

Signature of organizer(s). (An organizer is a member, or is
acting in behalf of a member or members).

Signature B. Girard

Typed Name: Barbara Girard

Signature _____

Typed Name: _____

Secretary of State use only

W71029