



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

08 SEP 26 AM 8:59

SECRETARY OF STATE
STATE OF IDAHO

FILED
EFFECTIVE

1. The name of the limited liability company is:

Camille's Fairytales, LLC

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

105 Main Street, Sandpoint, ID 83864

(Street Address)

(Mailing Address, if different than street address)

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

Camille Fuller

(Name)

105 Main Street, Sandpoint, ID 83864

(Street Address)

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

Name

Address

Calvin L. Fuller

80 Selkirk Road, Sandpoint, ID 83864

Camille T. Fuller

80 Selkirk Road, Sandpoint, ID 83864

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

105 Main Street, Sandpoint, ID 83864

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 Camille Fuller

Typed Name: Camille T. Fuller

Signature _____

Typed Name: _____

Secretary of State use only

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Revised 07/2008

IDAHO SECRETARY OF STATE
09/26/2008 05:00
CK: 2025 CT: 230089 BH: 1137678
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