



0005403787



**STATE OF IDAHO**  
*Office of the secretary of state, Phil McGrane*  
**CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY**

Idaho Secretary of State  
PO Box 83720  
Boise, ID 83720-0080  
(208) 334-2301  
Filing Fee: \$100.00

*For Office Use Only*

**-FILED-**

File #: 0005403787

Date Filed: 9/16/2023 8:58:39 AM

|  |  |
|--|--|
| Certificate of Organization Limited Liability Company  |  |
| Select one: Standard, Expedited or Same Day Service (see descriptions below)   | Standard (filing fee \$100)  |
| 1. Limited Liability Company Name  |  |
| Type of Limited Liability Company  | Limited Liability Company  |
| Entity name  | codilynn LLC   |
| 2. The complete street address of the principal office is:   |  |
| Principal Office Address   | 4515 W CEDAR GROVE DR<br>MERIDIAN, ID 83646  |
| 3. The mailing address of the principal office is:   |  |
| Mailing Address  | CODI L WORKMAN<br>4515 W CEDAR GROVE DR<br>MERIDIAN, ID 83646-2918   |
| 4. Registered Agent Name and Address   |  |
| Registered Agent   | Registered Agent<br>Codi L Workman<br>Physical Address:<br>4515 W CEDAR GROVE DR<br>MERIDIAN, ID 83646<br>Mailing Address:<br>4515 W CEDAR GROVE DR<br>MERIDIAN, ID 83646-2918 |
| <input checked="" type="checkbox"/> I affirm that the registered agent appointed has consented to serve as registered agent for this entity. |  |
| 5. Governors   |  |
|  |  |
| Name   | Address  |
| Codi L Workman   | 4515 W CEDAR GROVE DR<br>MERIDIAN, ID 83646  |
| Signature of Organizer:  |  |
| <i>Codi L Workman</i>  | <i>09/16/2023</i>  |
| Sign Here  | Date   |

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