

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

09 MAR 25 AM 8: 49

1. The name of the limited liability co	ompany is: SEURETARY OF STATE STATE OF IDAHO	
E	Bloomin' Blodies, LLC	
2. The complete street and mailing ac	addresses of the initial designated/principal office	:
	rth Main, Malad, Idaho 83252	
(Street Address)		
(Mailing Address, if different than street address)	)	
3. The name and complete street add	dress of the registered agent:	
Dorothy Thorpe Evanson	381 North Main, Malad, Idaho 83252	
(Name)	(Street Address)	<del></del>
The name and address of at least company:	one member or manager of the limited liability	
Name	Address	
Dorothy Thorpe Evanson	381 North Main, Malad, Idaho 83252	_
Sharon Bloxham Thorpe	136 N. 70 E., Maiad, Idaho 83252	
Terri Thorpe Harris	231 N. 1480 E., Logan, Utah 84321	
Roxanne Thorpe Albretsen	396 N. 400 W. Malad, Idaho 83252	
Gia Thorpe Haycock	224 North Main, Malad, Idaho 83252	
		1 a
5. Mailing address for future correspo	ondence (annual report notices): orth Main, Maiad, Idaho 83252	
6. Future effective date of filing (optio	onal):	
Signature of organizer(s). (An organizer is acting in behalf of a member or members).	s a member, or is	
Signature Dorth Horpe Eve	Secretary of State use only	
Typed Name Dorothy Thorpe Ever	inson g	1,

IDAHO SECRETARY OF STATE
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