

FILED EFFECTIVE



# CERTIFICATE OF ORGANIZATION

## LIMITED LIABILITY COMPANY

(Instructions on back of application)

[Click here to clear form.](#)

 JUN 28 AM: 19  
 2011  
 SECRETARY OF STATE  
 STATE OF IDAHO

1. The name of the limited liability company is:

Aunt Robyn's Living Carousel LLC

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

404 North 500 West Blackfoot, Idaho 83221

(Street Address)

(Mailing Address, if different than street address)

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

Robyn L Hansen

(Name)

404 North 500 West Blackfoot, Idaho 83221

(Street Address)

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

Name

Robyn L Hansen

Address

404 North 500 West Blackfoot, Idaho 83221

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

404 North 500 West Blackfoot, Idaho 83221

6. Future effective date of filing (optional): \_\_\_\_\_

Signature of a manager, member or authorized person.

Signature Robyn L Hansen

Typed Name: Robyn L Hansen

Signature \_\_\_\_\_

Typed Name: \_\_\_\_\_

Secretary of State use only

IDAHO SECRETARY OF STATE  
 01/28/2011 05:00  
 CK: 3333 CT: 254857 BH: 1257430  
 1 @ 100.00 = 100.00 ORGAN LLC # 2

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