

FILED EFFECTIVE



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

Click here to clear form.

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:

NameAddress

Robyn L Hansen

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 HansenTyped Name: Robyn L Hansen

Signature _____

Typed Name: _____

Secretary of State use only

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01/28/2011 05:00
CK: 3333 CT: 254857 BH: 1257438
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