

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY FILED EFFECTIVE

(Instructions on back of application)

09 AUG -6 AM 8: 22

The name of the limited liability compan	y is:	SECRETARY OF STATE
CC's C	Catering, LLC	STATE OF IDAHO
The complete street and mailing address	ses of the initia	l designated/principal office:
1457 W. Stafford D		
(Street Address)		
(Mailing Address, if different than street address)		
The name and complete street address of	of the registere	d agent:
Connie Magnuson	1457 W. Staffo	rd Drive, Eagle, Idaho, 83616
(Name) (Stre	eet Address)	
The name and address of at least one me company:	ember or mana	ager of the limited liability Address
Connie Magnuson	1457 W. Stafford Drive, Eagle, Idaho, 83616	
		To Divo, Lagie, Idano, 65016
Mailing address for future correspondence	e (annual repo	rt notices)
1457 W. Stafford Dr		• 1
Future effective date of filing (optional): _	· · · · · · · · · · · · · · · · · · ·	
ature of organizer(s). (An organizer is a memb g in behalf of a member or members).	er, or is	
A	9	Secretary of State use only
ature Convie Magnin		
ed Name: Connie Magnuson	at of	• •
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