



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

For Office Use Only

B0984-6350

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File #: 0006175581

| A. | TO TO STATE OF THE PARTY OF THE | chapters 21 and 25, Idaho Code fee: \$100.00 + \$20.00 for manua | | Date Filed: 3/14/2025 2:00:00 PM ped). | 3/14/2025 |
|-------|--|---|--------------------|--|-------------|
| 1. | Papa Scelus LLC | | | | |
| | (Remember to include the words "Limited Liability Company," "Limited Company, "or the abbreviations L.L.C., LLC, or LC) | | | | |
| 2. | The complete street and mailing addresses of the principal office is: 1093 E Yaquina Bay Dr Vampa, ZD 636% | | | | |
| | (Street Address) | | | | |
| | (Mailing Address, if differen | ıt) | | | ჯ ო ი |
| 3. | The name and complete street address of the registered agent: | | | | |
| | Katie Mattox | 1093 E | Yaquina Bay Dr , | lampa. ID 83686 | < 0 0 |
| | (Name) | (Address) | | | |
| 4. | The name and address of at least one governor of the limited liability company: | | | | |
| | Katie Mattox | 1093 E | Yaquina Bay Dr 🛮 从 | ampa, ID 83646 | H |
| | (Name) | (Address) | | | H |
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| | (Name) (Address) | | | | |
| | | | | | 5 |
| | (Name) | (Address) | | | |
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| | (Name) (Address) | | | | |
| 5. | Mailing address for future correspondence (annual report notices): | | | | |
| | 1093 E Yaquina Bay Dr Nampa, ID 83686 | | | | |
| | (Mailing Address) | | | | (î |
| Sign | ature of organizer(s). | | | | 11 |
| | ted Name: Katie | Mattex | Secreta | ary of State use only | <u>}</u> |
| PIIII | led Name. Null | MUIOX | | | (|
| Sign | ature: Mo | | | | + |
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| Print | ed Name: | | | | , |
| Sign | ature: | | | | • |
| _ | 112/2018 | | | | |