

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY 11 JUN 22 PM 2: 56

| | (Instructions on | back of application) | STATE OF IDAHO | |
|---------------------------------------|---|------------------------|--|--|
| 1. The name of | f the limited liability | y company is: | - = - | |
| | D | OUBLE F ENTERPRISE, | rrc | |
| • | te street and mailin SHINGTON AVE, EMM | - | tial designated/principal office: | |
| (Street Address | | | | |
| (Malling Addres | s, if different than street adde | ress) | | |
| 3. The name a | nd complete street | address of the registe | ered agent: | |
| | LESLIE FORRESTER | | 2230 N WASHINGTON AVE | |
| (Name) | | (Street Address) | | |
| 4. The name a company: | nd address of at lea | ast one member or ma | anager of the limited liability | |
| | Name | | Address | |
| DIANNA FORRESTER | | 2230 N WASHING | 2230 N WASHINGTON AVE, EMMETT, ID 83617 | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| 5. Mailing add | ress for future corre | espondence (annual re | eport notices): | |
| _ | HINGTON AVE, EMME | · | | |
| | | | | |
| 6. Future effect | tive date of filing (o | ptional): | | |
| | | | | |
| Signature of a person. | manager, membe | er or authorized | | |
| | | | Secretary of State use only | |
| | · Dale Faut | | | |
| Typed Name: L | ESLIE DALE FORRES | TER | | |
| Signature 1 | inna Adria | tor | IDAHO SECRETARY OF STATE 96/22/2011 95:90 | |
| - (| DIANNA FORRESTER | | CK: 711946 CT: 172899 BH: 1279548 1 @ 100.80 = 100.00 ORGAN LLC # 2 | |
| , , , , , , , , , , , , , , , , , , , | | | see see and annum FFR it | |

cert_org_lic Rev. 07/2010

W 104416