



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2011 DEC -8 PM 12:00

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

ANB Enterprises LLC

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

2484 Stokesberry Suite #150 Meridian ID 83642

(Street Address)

(Mailing Address, if different than street address)

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

Ashley Siler

(Name)

2484 Stokesberry Suite #150 Meridian ID 83642

(Street Address)

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

Name

Address

Ashley Siler

3261 Maplestone Meridian ID 83646

Tami Christensen

2484 Stokesberry Suite #150 Meridian, ID
83642

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

2484 Stokesberry Suite #150 Meridian ID 83642

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature

Typed Name: Tami Christensen

Signature

Typed Name:

Secretary of State use only

IDAHO SECRETARY OF STATE
12/08/2011 05:00
CK: 848925 CT: 172099 BH: 1300913
1 @ 100.00 = 100.00 ORGAN LLC # 2

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