



Signature _ wike & _

Typed Name: ____

Typed Name: _____

Signature_

MIKE SNARR

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

08 JUL 22 AH 9: 41

1. T	he name of the limited liability	company is:	SECRETARY OF STATE STATE OF IDAHO
		KB FOOD SERVICES LLC	
2. T	The complete street and mailing addresses of the initial designated/principal office: MIKE SNARR		
	(Street Address)	VONWOOD DR AMMON ID	92406
	(Mailing Address, if different than street address		03400
3. T	The name and complete street address of the registered agent:		
	MIKE SNARR	2920 DEVONW	VOOD DR AMMON ID 83406
	(Name)	(Street Address)	· · · · · · · · · · · · · · · · · · ·
1. T	HE HAIHE AND AUDICSS OF ALTERS	st one member or mana	idel of the mulled ustrills
	he name and address of at leas ompany: <u>Name</u> MIKE SNARR		Address VOOD DR AMMON ID 83406
	ompany: <u>Name</u>		<u>Address</u>
	Mike SNARR	2920 DEVONM	Address VOOD DR AMMON ID 83406
	MIKE SNARR Mame Mike Snarr Mailing address for future corresp	2920 DEVONM	Address VOOD DR AMMON ID 83406 rt notices):
	MIKE SNARR Mame Mike Snarr Mailing address for future corresp	2920 DEVONM	Address VOOD DR AMMON ID 83406 rt notices):

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Secretary of State use only

07/22/2008 05:00 CK: 25012 CT: 127455 BH: 1128218 1 8 108.88 = 100.88 ORGAN LLC # 2 1 8 20.88 = 20.88 EXPEDITE C # 3

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