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LIABILITY COMPANY

For Office Use Only

-FILED-

File #: 0006041044

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| Certificate of Organization Limited Liability Company Select one: Standard, Expedited or Same Day Service descriptions below) | (see Expedited (+\$40; filing fee \$140)              |
|---|---|
| 1. Limited Liability Company Name   |   |
| Type of Limited Liability Company   | Limited Liability Company                             |
| Entity name   | Hard Luck LLC   |
| 2. The complete street address of the principal office is:  |   |
| Principal Office Address  | 611 2ND STREET EAST<br>RIRIE, ID 83443                |
| 3. The mailing address of the principal office is:  |   |
| Mailing Address   | PO BOX 124<br>RIRIE, ID 83443-0124                    |
| 4. Registered Agent Name and Address  |   |
| Registered Agent  | Registered Agent                                      |
|   | Blake Charles Webber Physical Address:                |
|   | 611 2ND STREET EAST                                   |
|   | RIRIE, ID 83443                                       |
|   | Mailing Address:                                      |
|   | PO BOX 124<br>RIRIE, ID 83443-0124                    |
| ✓ I affirm that the registered agent appointed has cor 5. Governors   | nsented to serve as registered agent for this entity. |
| Name  | Address   |
| Blake Charles Webber  | 611 2ND STREET EAST<br>RIRIE, ID 83443                |
| Signature of Organizer:   |   |
| Blake Webber  | 01/01/2025  |
| Sign Here   | Date  |