

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

A K	(instructions on back	of application)
1.	The name of the limited liability con	npany is:
	•	inparty is.
	BAB ID LLC	
2.	The complete street and mailing addresses of the initial designated office:	
	West Campus, No. 105 Stop 8083 Pocate	ello, Idaho 83209
	(Street Address)	
	(Mailing Address, if different than street address)	
3. ⁻	· · · · · · · · · · · · · · · · · · ·	
J.	The name and complete street address of the registered agent:	
	Stephen H. Telford	1303 12th Avenue South Nampa, Idaho 83631
	(Name)	(Street Address)
		`
4.	The name and address of at least or	ne member or manager of the limited liability
	company:	To member of manager of the inflict hability
	<u>Name</u>	<u>Address</u>
	Dave Coller	West Campus, No. 105 Stop 8083 Pocatello, ID 83209
	/*** · · · · · · · · · · · · · · · · · ·	
<i></i> .	failing address for fit	
5. Mailing address for future correspondence (annual report notices):		·
	West Campus, No. 105 Stop 8083 Pocate	llo, Idaho 83209
Future effective date of filing (optional):		al):
Signature of a manager, member or authorized		
perso	on.	Davidson (Oct.)
Ciara a		Secretary of State use only
_	ature Stoppen H. Tolford, Authorized	I A cont
ı ype	d Name: Stephen H. Telford, Authorized	Agent
SignatureIDAHO SECRETARY OF 12/14/2012		
Typed Name: CK: 147 CT: 273247 BH: 1351437 1 @ 186.88 = 186.88 ORGAN LLC # 8		
		Table Chonk LLC # C

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