



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

(Instructions on back of application)

11 NOV 25 AM 9:09

1. The name of the limited liability company is:

Paredes LLC

SECRETARY OF STATE  
STATE OF IDAHO

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

520 Sunset Street, St. Anthony, ID 83445

(Street Address)

PO Box 167, St. Anthony, ID 83445

(Mailing Address, if different than street address)

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

Tito Paredes

(Name)

520 Sunset Street, St. Anthony, ID 83445

(Street Address)

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

Name

Address

Tito Paredes

520 Sunset Street, St. Anthony, ID 83445

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

PO Box 167, St. Anthony, ID 83445

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature

Typed Name: Tito Paredes

Signature

Typed Name:

Secretary of State use only

IDAHO SECRETARY OF STATE  
11/25/2011 05:00  
CK: 5892 CT: 264443 BH: 1299347  
1 @ 100.00 = 100.00 ORGAN LLC # 2

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