



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

Title 30, Chapters 21 and 25, Idaho Code

Filing fee: \$100 typed, \$120 not typed

Complete and submit the application in duplicate.

**FILED EFFECTIVE**

**2016 FEB 16 AM 10:49**

**SECRETARY OF STATE  
STATE OF IDAHO**

1. The name of the limited liability company is:

**Mommy's Way LLC**

(Name/Note to include the words "Limited Liability Company," "Limited Company," or the abbreviations "LLC," "LLP," or "LC")

2. The complete street and mailing addresses of the principal office is:

**243 Pine St Moyie Springs, ID 83845**

(Street Address)

**PO Box 224 Moyie Springs, ID 83845**

(Mailing Address, if different)

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

**Tami E. Perry**

**217 Pine St Moyie Springs, ID 83845**

(Name)

(Address)

4. The name and address of at least one governor of the limited liability company:

**Tami E. Perry**

**217 Pine St Moyie Springs, ID 83845**

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

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

**PO Box 211 Moyie Springs, ID 83845**

(Address)

Signature of organizer(s).

Printed Name: **Tami E. Perry**

Signature: *Tami E. Perry*

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Secretary of State use only

IDAHO SECRETARY OF STATE

**02/16/2016 05:00**

CK:4330 CT:320333 BH:1513658

1@ 100.00 = 100.00 ORGAN LLC #2

1@ 20.00 = 20.00 EXPEDITE C #3

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