

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

09 MAR | | PM |: 15

SECRETARY OF STATE

1. The name of the limited liability comp	any is: STATE OF IDAHO
Basic Bob's Ketthe	Corn LIC
	esses of the initial designated/principal office:
355 N. Moraine Ph (Street Address)	Eagle Idaho 83616
(Mailing Address, if different than street address)	
3. The name and complete street address	ss of the registered agent:
You Bowden (Name)	755 N. Moroine Pt. Eagle Id. 856/6 (Street Address)
The name and address of at least one company:	e member or manager of the limited liability
Name	<u>Address</u>
You Bowden	355 N. Moraine Ph. Eggle Id. 8366
5. Mailing address for future corresponde	ence (annual report notices):
355 N. Maraine Ph. Fo	ale Td. 83616
•	
6. Future effective date of filing (optional):
Signature of organizer(s). (An organizer is a m	nember, or is
acting in behalf of a member or members).	Secretary of State use only
Signature 12, 7	NG S
Typed Name: You Bowden	
Signature	IBAHO SECRETARY OF STATE
Typed Name:	

W82208