



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

11 OCT 21 AM 8:35

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Autumn Lodge baking LLC

2. The complete street address, and mailing address if different, of the initial designated/ principal office:

362 WINDING WAY SANDPOINT IDAHO 83864

3. The name of the commercial registered agent; or the name and complete street address of the non-commercial registered agent:

SUSAN SCORAH 362 WINDING WAY SANDPOINT ID 83864

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

Name

Address

Susan SCORAH

362 WINDING WAY SANDPOINT ID
83864

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

362 WINDING WAY SANDPOINT ID 83864

6. Future effective date of filing (optional): _____

Signature of an organizer(s). (An organizer is a member, or is acting in behalf of a required, and existing, initial member or members).

Signature Susan Scolah

Typed Name: SUSAN SCORAH

Signature N/A

Typed Name: _____

Secretary of State use only

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Revised 07/2008

IDAHO SECRETARY OF STATE
10/21/2011 05:00
CK: 1056 CT: 178971 BH: 1295075
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