



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

2015 FEB -6 PM 3:12

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

CASCADE EFFECTS LLC

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

10890 CALLENDER RD CASCADE ID 83611

(Street Address)

PO BOX 666 CASCADE ID 83611

(Mailing Address, if different than street address)

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

JEAN F X DECARPENTERIE

(Name)

10890 CALLENDER RD CASCADE ID 83611

(Street Address)

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

Name

Address

JEAN F X DECARPENTERIE

10890 CALLENDER RD CASCADE ID 83611

HEIDI DECARPENTERIE

10890 CALLENDER RD CASCADE ID 83611

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

PO BOX 666 CASCADE ID 83611

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

Signature of a manager, member or authorized person.

Signature _____

Typed Name: JEAN F X DECARPENTERIE

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

02/06/2015 05:00

CK:CASH CT:306132 BH:1460712

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