



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

2015 JUN -5 PM 2:13

**SECRETARY OF STATE
STATE OF IDAHO**

1. The name of the limited liability company is:

Ambrosia Moon L.L.C.

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

212 ^{Suite A} North Third, McCall, Idaho 83638
(Street Address)

PO Box 1747 McCall Idaho 83638
(Mailing Address, if different than street address)

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

Daniel Knowles
(Name)

12936 Spring Valley Rd Donnelly, Id
(Street Address) 83615

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

Daniel Knowles
Lali Knowles

12936 Spring Valley Rd Donnelly Id
Same as above
83615

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

PO Box 1747 McCall Idaho 83638

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

Signature of a manager, member or authorized person.

Signature Daniel Knowles
Typed Name: Daniel Knowles

Signature Lali Knowles
Typed Name: Lali Knowles

Secretary of State use only

IDAHO SECRETARY OF STATE

06/05/2015 05:00

CK:22448016764 CT:311035 BH:1478619

1@ 100.00 = 100.00 ORGAN LLC #2

1@ 20.00 = 20.00 EXPEDITE C #3

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