



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

2014 SEP -8 AM 10:09

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

MFP LLC

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

511 SUNSET ST. McCAUL ID 83638

(Street Address)

P.O. Box 1916 McCAUL ID 83638

(Mailing Address, if different than street address)

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

PAULA S. MARTINEAU 511 SUNSET ST McCAUL ID 83638

(Name)

(Street Address)

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

Name

Address

PAULA S. MARTINEAU 511 SUNSET ST McCAUL
ID 83638

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

P.O. Box 1916 McCAUL ID 83638

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

Signature of a manager, member or authorized person.

Signature

Typed Name:

PAULA S. MARTINEAU

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

09/08/2014 05:00

CK:309 CT:300893 BH:1440362

1@ 100.00 = 100.00 ORGAN LLC #2

W141932