## FILED EFFECTIVE



## ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

06 NOV 16 AM 10: 01

l. Th	ne name of the limited liability comp	eany is:	SECRETARY OF STATE STATE OF IDAHO
<u>_</u>	Dad's Gluten-Free Products LLC		OWAL, OF IDAHU
	he street address of the initial registered office is: 1867 N. Firebrick Dr. Kuna, ID 83634		
	nd the name of the initial registered a	agent at the above addres	s is:
	ne mailing address for future corresp 867 N. Firebrick Dr. Kuna, ID 836		
. Ma	Management of the limited liability company will be vested in:		
M	anager(s) or Member(s)	(please check the appropriate bo	x)
ad	f management is to be vested in one or more manager(s), list the name(s) and address(es) of at least one initial manager. If management is to be vested in the nember(s), list the name(s) and address(es) of at least one initial member.		
	Name	Address	
<u>ד</u>	imothy J. Kelly	1867 N. Firebrick Dr. Kuna, ID 83634	
	ara S. Kelly	1867 N. Firebrick Dr. Ku	na, ID 83634
		4	
	gnature of at least one person response.	onsible for forming the limit	ed liability company:
-	nature:	Se	ecretary of State use only
	pacity: Member	Berizzifon, p. 25	
Sig Typ	nature State Kelly  ped Name: Tara S. Kelly  pacity: Member	Polemati LC formstartex for grant Revised 0772002	IDAHO SECRETARY OF STATE 11/16/2006 05:0 CK: 967704 CT: 172099 BH: 101 1 0 180.00 = 100.00 ORGAN LL

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