



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

**FILED EFFECTIVE**

09 DEC 28 AM 9:30

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

Karen's Cookies, LLC

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

2186 Frontier Dr., Ammon, ID 83406

(Street Address)

(Mailing Address, if different than street address)

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

Karen E Summers

2186 Frontier Dr., Ammon, ID 83406

(Name)

(Street Address)

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

**Name**

**Address**

Michael J Summers

2186 Frontier Dr., Ammon, ID 83406

Karen E Summers

2186 Frontier Dr., Ammon, ID 83406

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

2186 Frontier Dr., Ammon, ID 83406

6. Future effective date of filing (optional):

Signature of organizer(s). (An organizer is a member, or is acting in behalf of a member or members).

Signature

*Karen Summers*

Typed Name:

Karen E Summers

Signature

*Michael J Summers*

Typed Name:

Michael J Summers

Secretary of State use only

IDAHO SECRETARY OF STATE  
12/28/2009 05:00  
CK: 2069 CT: 243344 DH: 1200792  
1 @ 100.00 = 100.00 ORGAN LLC # 2

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