	FILED EFFECTIVE
CERTIFICATE OF ORGANIZ	ZATION
(Instructions on back of application	n)
1. The name of the limited liability company is: Delish Fare, LLC	STATE OF IDATIO
2. The complete street and mailing addresses of the 7154 West State Street, Suite 117	initial designated office:
(Street Address) Boise, ID 83714 (Mailing Address, if different than street address)	
3. The name and complete street address of the reg	
Corrina Kumpe (Name) 5607 North Ed (Street Address)	ddy Place, Gardéh City, ID 83714
 The name and address of at least one member of company: Name Corrina Kumpe 	Address ate Street, Suite 117, Boise, ID 83714
	ate Street, Suite 117, Boise, ID 83714
<i>A</i>	
·	
5. Mailing address for future correspondence (annua 7154 West State Street, Suite 117, Being, JD 92714	al report notices):
 <u>7154 West State Street, Suite 117, Boise, ID 83714</u> 6. Future effective date of filing (optional): 	
Signature of a manager, member or authorized	
person.	Secretary of State use only
Signature Corrina Kumpe	
Signature <u>Germaine Howson</u>	IDAHO SECRETARY OF STATE 11/18/2011 05:00 CK: 1047 CT: 264263 BH: 1298595 1 0 100.00 = 188.00 ORGAN LLC # 2

cert_org_lic Rev. 07/2010

W108485

2