



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

**FILED**

11 DEC 22 AM 9:01

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

Tapped In Distributors LLC

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

1742 S Broadway Ave Boise, ID 83706  
(Street Address)

P.O. Box 211 Council, ID 83612  
(Mailing Address, if different than street address)

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

Hailey Parsons  
(Name)

303 Illinois Ave, Council, ID 83612  
(Street Address)

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

**Name**

**Address**

Hailey Parsons

303 Illinois Ave, Council, ID 83612

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

P.O. Box 211 Council, ID 83612

6. Future effective date of filing (optional): 1/1/2012

Signature of a manager, member or authorized person.

Signature

Typed Name: Hailey Parsons

Signature

Typed Name: \_\_\_\_\_

Secretary of State use only

IDAHO SECRETARY OF STATE  
12/22/2011 05:00  
CK: 295 CT: 265233 BH: 1302058  
1 @ 100.00 = 100.00 ORGAN LLC # 2

W109374