

## CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

(Instructions on back of application)

2013 JAN 22 AM 9: 44

	·		yes, provinger, garage province as a second	
1.	The name of the limited liability con	npany is:	SECRETARY OF STATE STATE OF IDAHO	
	Happy Dog Inn and Daycare LLC		21VIE OLIDVIO	
2.	•	e complete street and mailing addresses of the initial designated office:		
	(Street Address) P.O. Box 398 New Meadows, Idaho 836 (Mailing Address, if different than street address)	54		
3.	The name and complete street address of the registered agent:			
	Barbara F. Smole	3630 Hubbard Lane	New Meadows, Idaho 83654	
	(rearre)	(Officer Address)		
4.	The name and address of at least one member or manager of the limited liability company:			
	<u>Name</u>		<u>Address</u>	
	Barbara F. Smole	3630 Hubbard Lane	New Meadows, Idaho 83654	
		-		
_	AA 35			
5.	Mailing address for future correspondence (annual report notices):			
	P.O. Box 398 New Meadows, Idaho 836	654 		
_				
6.	Future effective date of filing (option	ıal):		
_	nature of a manager, member or	authorized		
per	rson.		Secretary of State use only	
Sig	inature Gardina J. mil			
	ped Name: Barbara F. Smole			
ı y	Jeu Name,		•	
C:~	noturo.			
	nature	1	IDAHO SECRETARY OF STATE	
ıy	oed Name:		01/22/2013 05:00	
			CK: 350 CT: 278404 BH: 1356578	

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