



CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

(Instructions on back of application)

2015 JUN -5 AM 8:42

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Obergs Gifts LLC

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

2948 E Lincoln RD Mobile Food Truck
(Street Address)

Idaho Falls ID 83401
(Mailing Address, if different than street address)

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

2948 E Lincoln RD Idaho Falls ID 83401
(Name) (Street Address)

Tammy Clara Oberg

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

Name	Address
<u>Tammy Oberg</u>	<u>2948 E Lincoln RD Idaho Falls ID</u>
_____	_____
_____	_____
_____	_____
_____	_____

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

Same

6. Future effective date of filing (optional): _____

Signature of a manager, member or authorized person.

Signature Tammy C Oberg
Typed Name: Tammy C Oberg

Signature _____
Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
06/05/2015 05:00
CK:1021 CT:311001 BH:1478491
1@ 100.00 = 100.00 ORGAN LLC #2

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