

Signature_

Typed Name:

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

09 NOV 18 AM 8: 42

ч	(IIISTRUCTIONS OF DACK O	i application)	SECOTION AT
1.	The name of the limited liability comp	any is:	SECRETARY OF STATE STATE OF IDAHO
	Pea Pe	ods & Sprouts, LLC	
2.	The complete street and mailing addresses of the initial designated/principal office:		
	212 Monica	Street Troy, ID 8387	71
	(Street Address)	Same	
	(Malling Address, if different than street address)		
3.	The name and complete street address of the registered agent:		
	Ember L. Powell	212 Monica	Street Troy, ID 83871
	(Name)	(Street Address)	
4.	The name and address of at least one member or manager of the limited liability company:		
	<u>Name</u>	Address	
	Ember L. Powell	212 Monica Street Troy, ID 83871	
			•
•	Mailing address for future correspond	anas (annual ranar	t national:
) .	Mailing address for future correspondence (annual report notices): 212 Moinca Street Troy, ID 83871		
6.	Future effective date of filing (optional) :	N/A
ia	nature of organizer(s). (An organizer is a m	ember, or is	· ·
_	ng in behalf of a member or members).		0
	$\mathcal{L}_{\mathcal{A}}$	QM2	Secretary of State use only
_	nature outl	elcert_org_lic.PMD	
Уķ	ped Name: Ember L. Powell		TRANS CESSETARY RE CTATE
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