



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

**FILED EFFECTIVE**  
2013 DEC 13 PM 1:02

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

Salsa Cabana LLC

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

10312 N. Taryne St., Hayden, ID, 83835

(Street Address)

(Mailing Address, if different than street address)

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

Mat Nevarez

(Name)

10312 N. Taryne St., Hayden, ID, 83835

(Street Address)

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

**Name**

**Address**

Miriam E. Nevarez

1170 S. Valleyview Rd., Post Falls, ID 83854

Mat Nevarez

10312 N. Taryne St., Hayden ID 83835

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

10312 N. Taryne St., Hayden, ID, 83854

6. Future effective date of filing (optional): \_\_\_\_\_

Signature of a manager, member or authorized person.

Signature *Miriam Nevarez*  
Typed Name: Miriam Nevarez

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

Secretary of State use only

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12/13/2013 05:00  
CK: 864401246 CT: 290635 BH: 1401715  
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