Signature

Typed Name:

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

## FILED EFFECTIVE

10 JUN -1 AM 9: 18

(Instructions on back of application)

SECRETARY OF STATE STATE OF IDAHO 1. The name of the limited liability company is: **Good Street LLC** 2. The complete street and mailing addresses of the initial designated/principal office: 885 E. 15th N. - Mountain Home, ID 83647 (Street Address) (Mailing Address, if different than street address) 3. The name and complete street address of the registered agent: All Day \$49 Idaho Registered Agent 1011 N. 11th Coeur D Aiene, ID 83814 (Name) (Street Address) 4. The name and address of at least one member or manager of the limited liability company: Name Address Suzanne J. Roberts 885 E. 15th N. - Mountain Home, ID 83647 5. Mailing address for future correspondence (annual report notices): 885 E. 15th N. - Mountain Home, ID 83647 6. Future effective date of filing (optional): Signature of organizer(s). (An organizer is a member, or is acting in behalf of a members). Secretary of State use only Signature was rec Suzanne J. Roberts Typed Name: