

## CERTIFICATE OF ORGANIZATION FILED EFFECTIVE

(Instructions on back of application)

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·	OCCUPATION OF STATE	
1. The name of the limited liability of	company is: STATE STATE	
F	PONY ESPRESSO, LLC	
2. The complete street and mailing a	addresses of the initial designated/principal office:	
(Street Address) MOSCOW, ID 83843		
(Mailing Address, if different than street address	s)	
3. The name and complete street ac	ddress of the registered agent:	
CADE KONEN	315 S. ALMON, MOSCOW, ID 83843	
(Name)	(Street Address)	
The name and address of at leas company:	et one member or manager of the limited liability	
<u>Name</u>	<u>Address</u>	
NEIL MARZOLF	3455 HWY 95, MOSCOW, ID 83843	
5. Mailing address for future corresp	pondence (annual report notices):	
315 S. ALMON, MOSCOW, ID 83843	i e e e e e e e e e e e e e e e e e e e	
6. Future effective date of filing (opt	ional):	
Signature of a manager, member	or authorized	
person.	Secretary of State use only	
Signature 4		
Typed Name: NEIL MARZOLF	<u></u>	
Signature	IDAHO SECRETARY OF STATE 97/14/2011 95:00	
Typed Name:	CK: 1223 CT: 260651 BH: 1282383	

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