

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANYJUL -9 AM 8: 43

(Instructions on back of application) proper-

(mstructi	ous ou pack of abblication) 2FOH MAY	OF STATE	
1. The name of the limited	STATE OF	IDAHO	
	Fibonacci's, LLC		
2. The complete street and PO Box 2198, McCall ID, 8	d mailing addresses of the initial designat 33638	ied/principal oπice:	
(Street Address)			
(Mailing Address, if different than	street address)		
· -	e street address of the registered agent:		
William Borg	45 Knob Hill Dr, McCall ID, 8363	45 Knob Hill Dr, McCall ID, 83638	
(Name)	(Street Address)		
4. The name and address company: Name	of at least one member or manager of th		
William Borg	45 Knob Hill Dr, McCall ID, 8363		
5. Mailing address for futu PO Box 2198, McCall ID, 8	re correspondence (annual report notices	s):	
6. Future effective date of	filing (optional):		
Signature of a manager, person.	member or authorized		
	Secre	etary of State use only	
Signature Milly 7	Ta		
Typed Name: William Borg		TRANS OF OPERATE OF STATE	
Signature		IDAHO SECRETARY OF STATE 07/09/2010 05:08 X: 4418 CT: 249515 BH: 123001	
Typed Name:	1	0 100.00 = 100.00 ORGAN LLC H	
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