



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE
2012 JUL 25 AM 11:17
SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Michelle Alden LLC

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

45 Rosebush Dr. Idaho City, ID 83631

(Street Address)

PO Box 1192 Idaho City, ID 83631

(Mailing Address, if different than street address)

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

Michelle Alden

(Name)

45 Rosebush Dr. Idaho City, ID 83631

(Street Address)

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

Name

Address

Michelle Alden

45 Rosebush Dr. Idaho City, ID 83631

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

PO Box 1192 Idaho City, ID 83631

6. Future effective date of filing (optional): _____

Signature of a manager, member or authorized person.

Secretary of State use only

Signature *Michelle Alden*

Typed Name: Michelle Alden

Signature _____

Typed Name: _____

IDAHO SECRETARY OF STATE
07/25/2012 05:00
CK: 1366 CT: 272700 BH: 1333387
1 @ 100.00 = 100.00 ORGAN LLC # 2

W115920