CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

(Instructions on back of application)

2912 APR 24 AM 10: 43

A 41	(instructions on baci	cor application)	The state of the s
1.	The name of the limited liability co	mpany is:	SECRELARY OF STATE STATE OF JOAHO
	·	Meanchicken LLC	a
2.	The complete street and mailing ac 5321 Wylie Ln. Boise , ID 83703 (Street Address)		designated office:
	(Mailing Address, if different than street address)		
3.	The name and complete street address of the registered agent:		
	Jeff Schlagel	5321 Wylie Ln. Boise	ID 83703
	(Name)	(Street Address)	
4.	The name and address of at least of company: Name	one member or mana	ger of the limited liability Address
	Jeff Schlagel	5321 Wylie Ln. Boise I	D 83703
5.	Mailing address for future correspo	ndence (annual repor	t notices):
	Meanchicken LLC 5321 Wylie Ln. B	oise ID 83703	
6.	Future effective date of filing (optio	nal):	
	nature of a manager, member o	r authorized	
hai	son.		Secretary of State use only
_	nature <u>f.////////////////////////////////////</u>		
ı yţ	ed Name//Jeff Schlage/		

10040 SECRETARY OF STATE
04/24/2012 05:00
CK: 1627 CT: 269656 BH: 1321188
1 0 100.00 = 100.00 ORGAN LLC # 2

Signature_____

Typed Name: _____