p.1 Ø001

FILED EFFECTIVE



## ARTICLES OF ORGANIZATION

1. The name of the limited flability company is:  Crafty Chicks, LLC  2. The street address of the Initial registered office is:  3721 Skyline Dr Nampa ID 83686  and the name of the Initial registered agent at the above address is:  Griberty K.Ellers  3. The mailing address for future correspondence is:  3721 Skyline Dr Nampa ID 83686  4. The limited liability company will be:  Manager-managed  or Member-managed  phease check the appropriate box)  5. If manager-managed, list the name(s) and address(es) of at least one initial manager. If member-managed, list the name(s) and address(es) of at least one initial member.  Name  Address  Kimberly K Ellers  3721 Skyline Dr Nampa ID 83686  Shawna K Phillips  12930 Orchard Ave Nampa ID 83651		LIMITED LIABILITY (Instructions on back			
and the name of the initial registered agent at the above address is:  **Comberly K. Ellers**  3. The mailing address for future correspondence is:  3721 Skyline Dr. Nampa iD 83686  4. The limited liability company will be:  Manager-managed  or Member-managed  (please check the appropriate box)  5. If manager-managed, list the name(s) and address(es) of at least one initial manager. If member-managed, list the name(s) and address(es) of at least one initial member.  Name  Address  Kimberly K Ellers  3721 Skyline Dr. Nampa ID 83686			npany is:		
3. The mailing address for future correspondence is: 3721 Skyline Dr. Nampa iD 83686  4. The limited liability company will be: Manager-managed ☐ or Member-managed ☑ (please check the appropriate box)  5. If manager-managed, list the name(s) and address(es) of at least one initial manager. If member-managed, list the name(s) and address(es) of at least one initial member.  Name  Address  Kimberly K Eilers 3721 Skyline Dr. Nampa ID 83686		_			
3721 Skyline Dr Nampa iD 83686  4. The limited liability company will be:  Manager-managed ☐ or Member-managed ✓ (please check the appropriate box)  5. If manager-managed, list the name(s) and address(es) of at least one initial manager. If member-managed, list the name(s) and address(es) of at least one initial member.  Name Address  Kimberly K Eilers 3721 Skyline Dr Nampa ID 83686			d agent at the above address is:		
Manager-managed ☐ or Member-managed ✓ (please check the appropriate box)  5. If manager-managed, list the name(s) and address(es) of at least one initial manager. If member-managed, list the name(s) and address(es) of at least one initial member.  Name  Address  Kimberly K Eilers  3721 Skyline Dr Nampa ID 83686					
If member-managed, list the name(s) and address(es) of at least one initial member.  Name Address  Kimberly K Eilers 3721 Skyline Dr Nampa ID 83686		Management C and the same			
	5. (f)	member-managed, list the name(s	and address(es) of at least one initial member.		
	M	Cimberly K Eilers	3721 Skyline Dr. Nampa ID 83686		
	<u> </u>	Shawna K Phillips			
	-				
6. Signature of at least one person responsible for forming the limited liability company:		XX/ LAS	ponsible for forming the limited flability company:		
Signature: Secretory of State use only Typed Name: Kimberly-K Ellers Capacity: Owner	Тур	ped Name: Kimberly-K Ellers	Secretary of State use only		
Signature	Тур	ped Name: Shawna K Phillips	Perford 627007		

IDAHO SECRETARY OF STATE

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