

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

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| Typed Name: 98/18/2010 05 | 1. The name of the limited liability | company is: SECREBAY OF STATE |
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| (Street Address) (Mailing Address, if different than street address) 3. The name and complete street address of the registered agent: Scott Ovnicek (Name) 6020 E. Poleline, Post Falls, ID, 83854 (Name) 4. The name and address of at least one member or manager of the limited liability company: Name Address Scott Ovnicek 6020 E. Poleline, Post Falls, ID, 83854 6020 E. Poleline, Post Falls, ID, 83854 5. Mailing address for future correspondence (annual report notices): 6020 E. Poleline, Post Falls, ID, 83854 6. Future effective date of filing (optional): Signature of a manager, member or authorized berson. Signature Scott Ovnicek Signature Signature Typed Name: Scott Ovnicek Signature Tiped Name: Typed Nam | Paul | Bunyan Restaurants #004 LLC |
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| (Name) (Street Address) 7. The name and address of at least one member or manager of the limited liability company: Name | The name and complete street a | address of the registered agent: |
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| voed Name: 98/18/2019 05 | Signature | |
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