

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

08 SEP -2 PM 3: 02

(Instructions on back of application)

SECRETARY OF STATE STATE OF IDAHO

. The name of the limited liability compa	any is: STATE OF IDAHO
Ze	ee,s lunch .llc
. The complete street and mailing addre	esses of the initial designated/principal office:
3	815 overland
(Street Address)	oise id 83705
(Mailing Address, if different than street address)	
The name and complete street addres	s of the registered agent:
zaid al-saadoon	3815 overland boise id 83705
(Name)	(Street Address)
The name and address of at least one company:	member or manager of the limited liability
Name	<u>Address</u>
zaid al-saadoon	6054 dorian ct boise id 83709
. Mailing address for future correspond	ence (annual report notices):
_	rian ct boise id 83709
. Future effective date of filing (optional	9/6/2008
• • • • •	
eting in behalf of a member or members).	Secretary of State use only
ignature	Secretary of State use only
ignature of organizer(s). (An organizer is a meting in behalf of a member or members). ignature	

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