



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

2013 MAY 10 AM 9:14

(Instructions on back of application)

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Recessionista Style LLC

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

117 Stillwater Dr. Idaho Falls, ID. 83404

(Street Address)

(Mailing Address, if different than street address)

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

McKenzie Bowen

(Name)

117 Stillwater Dr. Idaho Falls, ID. 83404

(Street Address)

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

Name

Address

McKenzie Bowen

117 Stillwater Dr. Idaho Falls, ID. 83404

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

117 Stillwater Dr. Idaho Falls ID. 83404

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

Signature of a manager, member or authorized person.

Signature McKenzie Bowen

Typed Name: McKenzie Bowen

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
05/10/2013 05:00
CK: 139 CT: 283031 BH: 1373371
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