



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

10 DEC 17 AM 8:35

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Aislinn Staaby, LLC

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

4734 E. Chilco Rd., Athol, ID 83801

(Street Address)

(Mailing Address, if different than street address)

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

Aislinn Staaby

(Name)

4734 E. Chilco Rd., Athol, ID 83801

(Street Address)

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

Name

Address

Aislinn Staaby

4734 E. Chilco Rd., Athol, ID 83801

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

4734 E. Chilco Rd., Athol, ID 83801

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

Signature of a manager, member or authorized person.

Signature

Typed Name: Aislinn Staaby

Signature

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
12/17/2010 05:00
CK: 5807 CT: 253504 BH: 1251260
1 @ 100.00 = 100.00 ORGAN LLC # 2
1 @ 20.00 = 20.00 EXPEDITE C # 3

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