







STATE OF IDAHO Office of the secretary of state, Phil McGrane **CERTIFICATE OF ORGANIZATION LIMITED** LIABILITY COMPANY

Idaho Secretary of State PO Box 83720 Boise, ID 83720-0080 (208) 334-2301 Filing Fee: \$100.00

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-FILED-

File #: 0005158222

03/16/2023

Date

Date Filed: 3/16/2023 12:10:45 PM

1. Limited Liability Company Name Type of Limited Liability Company Entity name 2. The complete street address of the principal office is: Principal Office Address 3. The mailing address of the principal office is: Mailing Address 4. Registered Agent Name and Address Registered Agent	Limited Liability Company KWB Holdings, LLC 4735 EAST ID-33 SUGAR CITY, ID 83448
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Mailing Address 4. Registered Agent Name and Address	
4. Registered Agent Name and Address	
•	4735 E HIGHWAY 33 SUGAR CITY, ID 83448-5067
Registered Agent	
	Registered Agent
	Kelly Baker
	Physical Address: 4735 EAST ID-33
	SUGAR CITY, ID 83448
	Mailing Address:
	4735 E HIGHWAY 33
	SUGAR CITY, ID 83448-5067
☐ I affirm that the registered agent appointed has consented to ☐ I affirm that the registered agent appointed has consented to ☐ I affirm that the registered agent appointed has consented to ☐ I affirm that the registered agent appointed has consented to ☐ I affirm that the registered agent appointed has consented to ☐ I affirm that the registered agent appointed has consented to ☐ I affirm that the registered agent appointed has consented to ☐ I affirm that the registered agent appointed has consented to ☐ I affirm that the registered agent appointed has consented to ☐ I affirm that the registered agent appointed has consented to ☐ I affirm that the registered agent appointed has consented to ☐ I affirm that the registered agent appointed has consented to ☐ I affirm that the registered agent appointed has consented to ☐ I affirm that the registered agent appointed has consented to ☐ I affirm that the registered agent appointed has consented to ☐ I affirm that the registered agent appointed has consented to ☐ I affirm that the registered agent appointed has consented to ☐ I affirm that the registered agent appointed has consented to ☐ I affirm that the registered agent appointed has consented to ☐ I affirm that the registered agent appointed has consented to ☐ I affirm that the registered agent appointed has consented to ☐ I affirm that the registered agent appointed has consented to ☐ I affirm that the registered agent appointed has consented to ☐ I affirm that the registered agent appointed has consented to ☐ I affirm that the registered agent appointed has consented to ☐ I affirm that the registered agent appointed has consented to ☐ I affirm that the registered agent appointed to the registered	to serve as registered agent for this entity.
Name	Address
Kelly Baker 4735 EAST ID-33 SUGAR CITY, ID 8344	48
Signature of Organizer:	

Kelly Baker

Sign Here