



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

12 FEB -1 AM 8:47

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Passions Restaurant LLC

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

600 State St N

(Street Address)

Hagerman ID 83332

(Mailing Address, if different than street address)

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

Cindy Pringle

(Name)

1029 Washington St N Twin Falls ID 83301

(Street Address)

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

Name

Address

Paula L Henson

1029 Washington St N Twin Falls ID 83301

Kaleb M Henson

1112 Park Meadows Dr Twin Falls ID 83301

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

600 St N Hagerman ID 83332

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

Signature of a manager, member or authorized person.

Signature _____

Typed Name: Cindy Pringle

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
02/01/2012 05:00
CK: 1485 CT: 266556 BH: 1388762
1 @ 100.00 = 100.00 ORGAN LLC # 2

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