

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

## FILED EFFECTIVE

(Instructions on back of application)

2012 DEC 20 AM 8: 35

1.	The name of the limited liability com	npany is:	SECRETARY OF STATE STATE OF IDAHO
	Rivers Cafe LLC		VINIL OF IDARU
2.	The complete street and mailing add	fresses of the initial designate	ed office:
	(Street Address) PO Box 25, Kamiah, ID 83536 (Mailing Address, if different than street address)		
3.	The name and complete street address of the registered agent:		
	David S Taylor	3361 Willow St., Kamiah, ID 83536	
	(Name)	(Street Address)	11 - 2 - 11 - 11 - 11 - 11 - 11 - 11 -
4.	The name and address of at least or company:	•	e limited liability
	<u>Name</u> David S Taylor	<u>Address</u> 3361 Willow St., Kamiah, ID 83536	
5.	Mailing address for future correspon PO Box 25, Kamiah, ID 83536	dence (annual report notices	<b>)</b> :
6.	Future effective date of filing (option	al):	
_	nature of a manager, member or son.	authorized	
Sig	nature David S Taylor  David S Taylor	Secret	ary of State use only
	nature	12/	AHO SECRETARY OF STATE 20/2012 05:00 8 CT: 277423 BH: 1352278 80 = 100 08 DESCN 11 C # 2

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Typed Name: \_\_\_\_\_