



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

Title 30, Chapters 21 and 25, Idaho Code

Filing fee: \$100 typed, \$120 not typed

Complete and submit the application in duplicate.

**FILED EFFECTIVE**

2016 FEB -1 AM 10:18  
SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

Lashed Out LLC

(Remember to include the words "Limited Liability Company," "Limited Company," or the abbreviations LLC, L.L.C. or LTD)

2. The complete street and mailing addresses of the principal office is:

3155 Dal Ave, Ammon, ID 83406

(Street Address)

(Mailing Address, if different)

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

Adrienne Williams <sup>ID</sup> 3155 Dal Ave, Ammon, 83406

(Name)

(Address)

4. The name and address of at least one governor of the limited liability company:

Adrienne Williams 3155 Dal Ave, Ammon, ID 83406

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

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

3155 Dal Ave, Ammon, ID 83406

(Address)

Signature of organizer(s).

Printed Name: Adrienne Williams

Signature: Adrienne Williams

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Secretary of State use only

IDAHO SECRETARY OF STATE

02/01/2016 05:00

CK: 353 CT: 319715 BH: 1511379

1@ 20.00 = 20.00 CORP SUR #2

1@ 100.00 = 100.00 ORGAN LLC #3

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