



# **CERTIFICATE OF ORGANIZATION** **LIMITED LIABILITY COMPANY**

**FILED EFFECTIVE**

2014 SEP 15 AM 10:17

(Instructions on back of application)

 SECRETARY OF STATE  
 STATE OF IDAHO

1. The name of the limited liability company is:

Starving Students, LLC

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

104 S. Aerie Court Post Falls, Idaho 83854

(Street Address)

(Mailing Address, if different than street address)

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

Michael A. Hunt

(Name)

104 S. Aerie Court Post Falls, Idaho 83854

(Street Address)

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

**Name**
**Address**
Ryan A. Hunt
104 S. Aerie Court Post Falls, Idaho 83854
Michael A. Hunt
104 S. Aerie Court Post Falls, Idaho 83854

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

Ryan A. Hunt 104 S. Aerie Court, Post Falls, Idaho 83854

6. Future effective date of filing (optional): \_\_\_\_\_

Signature of a manager, member or authorized person.

Signature

 Typed Name: Ryan A. Hunt

Signature

 Typed Name: Michael A. Hunt

 Secretary of State use only  
 IDAHO SECRETARY OF STATE

09/15/2014 05:00

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