



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

11 JUL 11 AM 9:40

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

IL CASTELLO RISTORANTE LLC

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

445 A Street, IDAHO FALLS, ID 83402

(Street Address)

P.O. Box 2513 IDAHO FALLS, ID 83403

(Mailing Address, if different than street address)

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

Joel Gramirez

(Name)

1770 W 81 S, IDAHO FALLS, ID

(Street Address)

83402

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

Name

Address

Joel GRAMIREZ

1770 W 81st S, IDAHO FALLS, ID 83402

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

P.O. Box 2513, IDAHO FALLS, ID 83403

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

Signature of a manager, member or authorized person.

Signature

Typed Name: JOEL GRAMIREZ

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
07/11/2011 05:00
CK: 900 CT: 260540 BH: 1281954
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