

Signature ___

Typed Name:

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

09 FEB 27 AM 8: 52

SECRETARY OF STATE
STATE OF IDAGO

(Instructions on back of application)

. The name of the limited liability o	ompany is:	SIAIE
KINPO	RT COFFEE COMPANY, LLC	
The complete street and mailing a	addresses of the initial designated/p	rincipal office:
	T AVE., POCATELLO, ID 83201	
(Street Address)		
(Malling Address, if different than street address)	
The name and complete street ad	dress of the registered agent:	
AMY MILLWARD	840 N GARFIELD AVE., POCATE	LLO, ID 83201
(Name)	(Street Address)	
company:	one member or manager of the lim	ited liability
Name AMY MILLWARD	Address 840 N GARFIELD AVE., POCATE	11 A ID 02284
Mailing address for future corresp 840 N GARF	ondence (annual report notices): IELD AVE., POCATELLO, ID 83201	
Future effective date of filing (option	onal):	
		· · · —·· ·
gnature of organizer(s). (An organizer i ting in behalf of a member or members).	s a member, or is	
ang in bondii of a member of members).	Secretary of	State use only
gnature GI-WIWCU		
ped Name. AMY MILLWAR	D	
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IDAHO SECRETARY OF STATE

102/27/2009 85 200

CK: 3142 CT: 234567 BM: 1158953

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