

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY FILED EFFECTIVE

(Instructions on back of application)

(	· or application)	0040 444
1. The name of the limited liability company is:		2013 JAN 28 AM 9,56
Katie Crabb Product	ions LLC	SECRETATE OF STATE
2. The complete street and mailing ad		
438 W. Main Street #12 (Street Address)		
(Mailing Address, if different than street address)		
3. The name and complete street add	ress of the registered agent:	
Kathryn Crabb (Name)	438 W. Main Street #	123 Resburg, 1D 8344t
The name and address of at least o company:	ne member or manager of th	ne limited liability
Name Kathryn Crabh	438 W. Main Street #12	s 23 Rexburg, 1D 83440
-		
745000		
5. Mailing address for future correspon	idence (annual report notice:	s):
438 W. Main Street #123		
6. Future effective date of filing (option	al):	
Signature of a manager, member or person.	authorized	
Signature Kathryn Crabb	Secre	etary of State use only
Typed Name: Kathryn Crabb		
Signature	01.	IDAHO SECRETARY OF STATE /28/2013 05:00 222 CT: 278680 RH: 1357577
Гуреd Name:		CK: 222 CT: 278680 BH: 1357577 1 @ 100.00 = 100.00 ORGAN LLC # 2

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