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CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY OCT 20 PM 3: 53

LIVITIED LIAB	LITY COMPANY FUND OCT 20 THE OCT
(Instructions on i	back of application) SEGRETARY OF STATE STATE OF IDAHO
1. The name of the limited liability	company is:
The Rib Cage LLC	
<u>-</u> 1	g addresses of the initial designated office:
2648 Highway 95 Council ID 83612 (Street Address)	
Po Box 25 Council ID 83612	
(Mailing Address, if different than street address	256)
3. The name and complete street	address of the registered agent:
Leslie Breske	2648 Highway 95 Council ID 83612
(Name)	(Street Address)
i. The name and address of at leacompany:	ast one member or manager of the limited liability
Name	Address
Michael Breske	2648 Highway 95 Council ID 83612
Leslie Breske	2648 Highway 95 Council ID 83612
	
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5. Mailing address for future corre	spondence (annual report notices):
Po Box 25 Council ID 83612	
6. Future effective date of filing (o	ptional):
):	a a a subbandura d
ignature of a manager, membe erson.	r or authorized
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Secretary of State use only
signature Klolie Bre	WEU
yped Name: Leslie Breske	IDAHO SECRETARY OF STAT
	10/20/2014 05:00 CK:2304210 CT:172099 BH:1
Signature	10 100.00 = 100.00 ORGAN
yped Name:	

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