## **FILED**



## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

2011 DEC 30 AM 8: 58

1	(Instructions on bad	ck of application)	SELNLIANY
1. The	name of the limited liability of	ompany is:	STATE OF IDAHO
	H	loagie Street Dell, LLC	
	complete street and mailing a North Main, Kimberly, ID 83341	ddresses of the initial	designated/principal office:
(Street	t Address)		· · · · · · · · · · · · · · · · · · ·
ilieM)	ng Address, if different than street address)		
3. The	The name and complete street address of the registered agent:		
Greg	g Griggs	623 North Main, Kimbe	orly, ID 83341
(Nam	θ)	(Street Address)	
4. The comp	name and address of at least pany:	one member or mana	ger of the limited liability
-	Name		Address
Hoa	Hoagle, Inc. 623 North Main, Kimberty, ID 83341		erty, ID 83341
	ng address for future correspo North Main, Kimberly, ID 83341	ondence (annual repor	t notices):
6. Futur	e effective date of filing (optic	onal): Jawapy 1	2012
_	e of a manager, member o	or authorized	
oerson. Signature	. Dies dusse		Secretary of State use only
	ame: Greg Griggs		
Signature	·		
Typed Na			IDAHO SECRETARY OF STATE

12/30/2011 WD: WO CK: 864677 CT: 172099 BH: 1303761 1 0 100.00 = 100.00 ORDAN LLC # 4 1 0 20.00 = 26.00 EXPEDITE C # 5

W109536