

## **CERTIFICATE OF ORGANIZATION** LIMITED LIABILITY COMPANY 09 SEP -9 PM 1:34

(Instructions on back of application)

CONTROV OF STATE

	SECRETART OF STATE
1. The name of the limited liability con	npany is: STATE OF IDATE
MK	C's Place of Gifts, LLC
2. The complete street and mailing ad-	dresses of the initial designated/principal office:
534 N. Mil	waukee St., Boise, ID 83704
(Street Address)	Rd., Mailbox #276,, Kuna, ID 83634
(Mailing Address, if different than street address)	W., Mailbox #270,, Nulla, ID 03034
3. The name and complete street addr	ress of the registered agent:
	· · · · · · · · · · · · · · · · · · ·
Mary Kyle	318 E. Black Hawk Dr., Kuna, ID 83634
(Name)	(Street Address)
<ol><li>The name and address of at least o company:</li></ol>	ne member or manager of the limited liability
Name	Address
Mary Kyle	318 E. Black Hawk Dr., Kuna, ID 83634
Keriden Waldrop	318 E. Black Hawk Dr., Kuna, ID 83634
5. Mailing address for future correspon	
318 E. Blac	ck Hawk Dr., Kuna, ID 83634
	<u> </u>
6. Future effective date of filing (option	al):
Signature of organizer(s). (An organizer is a	member, or is
acting in behalf of a member or members).	Secretary of State use only
Signature Man Kall	GW <sub>d</sub> -b
Typed Name: Mary Kyle	<u> </u>
	TES THAT APPRETARY OF STATE
Signature Level World	IDAHO SECRETARY OF STATE  ### ### ### ########################
Typed Name: Keriden Waldrop	CK: 1048 CT: 213808 BH: 1186316