



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

09 DEC -9 AM 8:24

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Caffe Cosi, LLC

2. The complete street and mailing addresses of the initial designated/principal office:

630 Sun Valley Rd, Ketchum, ID 83340

(Street Address)

P.O. Box 4857, Ketchum, ID 83340

(Mailing Address, if different than street address)

3. The name and complete street address of the registered agent:

Patty Holley

(Name)

390 Sun Valley Rd, Ketchum, ID 83340-1656

(Street Address)

4. The name and address of at least one member or manager of the limited liability company:

Name

Claudia Greer

Address

P.O. Box 4857, Ketchum, ID 83340

5. Mailing address for future correspondence (annual report notices):

P.O. Box 4857, Ketchum, ID 83340

6. Future effective date of filing (optional): _____

Signature of organizer(s). (An organizer is a member, or is acting in behalf of a member or members).

Signature *Claudia Greer*

Typed Name: Claudia Greer

Signature _____

Typed Name: _____

Secretary of State use only

g:\corp\forms\LLC form\cert_09_10.PMD
Revised 07/2008

IDAHO SECRETARY OF STATE
12/09/2009 05:00
CK: 5195 CT: 91606 BH: 1190401
1 @ 100.00 = 100.00 ORGAN LLC # 2
1 @ 20.00 = 20.00 EXPEDITE C # 3

W88809