



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2014 AUG 29 AM 10: 07

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

Leq Leq Bistro LLC

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

30885 Parma Rd Parma Id 83660

(Street Address)

(Mailing Address, if different than street address)

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

Sandra Collins

(Name)

30885 Parma Id 83660

(Street Address)

30885 Parma Rd

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

Name

Address

Sandra Collins PO Box 157 30885 Parmard  
Parma Id 83660

Chrisandra morgan PO Box 157 30885 Parma Rd  
Parma Id 83660

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

PO Box 157 Parma Id 83660

6. Future effective date of filing (optional): \_\_\_\_\_

Signature of a manager, member or authorized person.

Signature

Typed Name: Sandra Collins

Signature \_\_\_\_\_

Typed Name: \_\_\_\_\_

Secretary of State use only

IDAHO SECRETARY OF STATE

08/29/2014 05:00

CK: CASH CT: 279979 BH: 1439363

1@ 100.00 = 100.00 ORGAN LLC #2

1@ 20.00 = 20.00 EXPEDITE C #3

W/4/6/4