



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

1. The name of the limited liability company is:

Peg Leg 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 30885 Parma, Id 83660
(Name) 30885 Parma Rd

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

<u>Name</u>	<u>Address</u>
<u>Sandra Collins</u>	<u>POBox157 30885 Parma Rd</u> <u>Parma Id 83660</u>
<u>Chrisandra Morgan</u>	<u>POBox157 30885 Parma Rd</u> <u>Parma, Id 83660</u>

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

POBox 157 Parma, Id 83660

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

Signature of a manager, member or authorized person.

Signature Sandra Collins
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