



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

(Instructions on back of application)

2015 OCT 13 AM 9:23

1. The name of the limited liability company is:

HOFFMAN ENTERPRISES, LLC

SECRETARY OF STATE
STATE OF IDAHO

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

1825 NORTH MAPLE GROVE, BOISE, ID 83704

(Street Address)

(Mailing Address, if different than street address)

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

TYLER ARTHUR HOFFMAN

(Name)

1825 NORTH MAPLE GROVE, BOISE, ID 83704

(Street Address)

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

Name

TYLER ARTHUR HOFFMAN

Address

1825 NORTH MAPLE GROVE, BOISE, ID 83704

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

1825 NORTH MAPLE GROVE, BOISE, ID 83704

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

Signature of a manager, member or authorized person.

Signature Tyler Arthur Hoffman

Typed Name: TYLER ARTHUR HOFFMAN

Signature _____

Typed Name: _____

Secretary of State use only
IDAHO SECRETARY OF STATE

10/13/2015 05:00

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