



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2015 APR 13 AM 9:59

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

CHUPP ENTERPRISES, LLC

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

249 CAPRINE LANE, BONNERS FERRY, ID 83805

(Street Address)

(Mailing Address, if different than street address)

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

DARREL CHUPP

(Name)

249 CAPRINE LANE, BONNERS FERRY, ID 83805

(Street Address)

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

Name

Address

DARREL CHUPP

249 CAPRINE LANE, BONNERS FERRY, ID 83805

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

249 CAPRINE LANE, BONNERS FERRY, ID 83805

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature

Typed Name: DARREL CHUPP

Signature

Typed Name:

Secretary of State use only

IDAHO SECRETARY OF STATE

04/13/2015 05:00

CK:192 CT:308861 BH:1470545

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