



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

2014 MAR -7 AM 8:57

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Sabre's Gluten Free Market LLC

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

1277 Cottage Pocatello ID 83201

(Street Address)

(Mailing Address, if different than street address)

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

Ann Atchley

(Name)

1277 Cottage Pocatello ID 83201

(Street Address)

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

Name

Address

Ann Atchley

1277 Cottage Pocatello ID 83201

Dan Atchley

1277 Cottage Pocatello ID 83201

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

1277 Cottage Pocatello ID 83201

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

Signature of a manager, member or authorized person.

Signature

Sabre Atchley

Typed Name: Sabre Atchley

Signature

Ann Atchley

Typed Name: Ann Atchley

Secretary of State use only

W195251

IDAHO SECRETARY OF STATE
03/07/2014 05:00
CK: 2749 CT: 204483 BH: 1414203
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