



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

10 DEC 13 AM 8:24

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

Frozen Rewards LLC

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

1142 N Sevenoaks Pl, Eagle, ID 83616

(Street Address)

(Mailing Address, if different than street address)

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

Reed Peterman

(Name)

1142 N Sevenoaks Pl, Eagle, ID 83616

(Street Address)

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

**Name**

**Address**

Reed Peterman

1142 N Sevenoaks Pl, Eagle, ID 83616

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

1142 N Sevenoaks Pl. Eagle, ID 83616

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

Signature of organizer(s). (An organizer is a member, or is acting in behalf of a member or members).

Signature

Typed Name: Reed Peterman

Signature

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

Secretary of State use only

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Revised 07/2008

IDAHO SECRETARY OF STATE  
12/13/2010 05:00  
CK: 547 CT: 200691 BH: 1250499  
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CLIENT:945752.2

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