

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

2015 JUL 13 AM 9: 33

| ₹01                           | (Instructions of                             | on back of application               |   |  |
|-------------------------------|--|--------------------------------------|---|--|
| 1. The name                   | e of the limited liab                        | SECRETARY OF STATE<br>STATE OF IDAHO |   |  |
|                               | Bread Co, LLC                                | ,,                                   | OWER OF IDAMO                                   |  |
|                               | plete street and mainut Street, Sandpoint, l | •                                    | initial designated office:                      |  |
| (Street Addre                 | 988)   |                                      |   |  |
| (Mailing Add                  | ress, if different than street a             | address)                             | <del></del>                                     |  |
| . The name                    | and complete stre                            | eet address of the reg               | istered agent:                                  |  |
| Michelle A                    | Adams  | 1215 Walnut S                        | Street, Sandpoint, ID 83864                     |  |
| (Name)                        |  | (Street Address)                     |   |  |
| . The name company:           |  | least one member or                  | manager of the limited liability                |  |
| <u>Name</u><br>Michelle Adams |  | 4045                                 | Address 1215 Walnut Street, Sandpoint, ID 83864 |  |
|                               |  | 12 10 Wannut 3                       | Street, Salidpoliit, ID 03004                   |  |
|                               |  |                                      |   |  |
| <del>-</del>                  | nut Street, Sandpoint, I                     | rrespondence (annua<br>ID 83864      | ii report notices):                             |  |
| . Future eff                  | ective date of filing                        | (optional):                          |   |  |
| gnature of                    | a manager mem                                | ber or authorized                    |   |  |
| <b>、</b> .                    | //////////////////////////////////////       |                                      | Secretary of State use only                     |  |
| ignature                      | Michelle Adams                               | -                                    | 10AHO SECRETARY OF STA<br>07/13/2015 05:0       |  |
| yped Name:                    | MICHEIIC AGAINS                              |                                      | CK:1009 CT:312298 BH:14                         |  |
| Signature                     |  |                                      | 10 20.00 = 100.00 EXPEDI                        |  |

W/53659

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