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# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

**FILED EFFECTIVE**

**2013 APR 17 PM 3:42**

**SECRETARY OF STATE  
STATE OF IDAHO**

1. The name of the limited liability company is:

Potts and Nelson Restaurants, LLC

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

945 N Boulevard, Idaho Falls, ID 83402

(Street Address)

(Mailing Address, if different than street address)

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

Antony Potts

(Name)

945 N Boulevard, Idaho Falls, ID 83402

(Street Address)

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

**Name**

**Address**

Antony Potts

945 N Boulevard, Idaho Falls, ID 83402

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

945 N Boulevard, Idaho Falls, ID 83402

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

Signature of a manager, member or authorized person.

Signature \_\_\_\_\_

Typed Name: Antony Potts

Signature \_\_\_\_\_

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

Secretary of State use only

IDAHO SECRETARY OF STATE  
**04/17/2013 05:00**  
CK: 1365760 CT: 172099 BH: 1369983  
1 @ 100.00 = 100.00 ORGAN LLC # 2  
1 @ 20.00 = 20.00 EXPEDITE C # 3

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