



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2012 MAY 29 AM 9:37

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

KOLACHES LLC

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

5122 SPAULDING STREET BOISE ID 83705

(Street Address)

(Mailing Address, if different than street address)

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

TRUDY GARRINGER

(Name)

1301 N 59TH STREET NAMPA ID 83687

(Street Address)

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

Name

Address

B T J INCORPORATED

5122 SPAULDING STREET BOISE ID 83705

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

5122 SPAULDING STREET BOISE ID 83705

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

Signature of a manager, member or authorized person.

Signature William L Judy
Typed Name: WILLIAM JUDY

Signature _____
Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
05/29/2012 05:00
CK: 5581 CT: 141801 BH: 1325980
1 @ 100.00 = 100.00 ORGAN LLC # 2

W114342