



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

09 NOV 23 AM 8:17

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

DEBRA BAKER TALL PINE DRIVE-IN LLC

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

203 N DIVISION AVE, PINEHURST, ID 83850

(Street Address)

(Mailing Address, if different than street address)

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

DEBRA BAKER

(Name)

203 N DIVISION AVE, PINEHURST, ID 83850

(Street Address)

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

Name

Address

DEBRA BAKER

203 N DIVISION AVE, PINEHURST, ID 83850

BARRY BAKER

203 N DIVISION AVE, PINEHURST, ID 83850

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

203 N DIVISION AVE, PINEHURST, ID 83850

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 Marsha Siha

Typed Name: MARSHA SIHA

Signature _____

Typed Name: _____

Secretary of State use only

g:\corporations\LLC forms\cert_org_1k.PMD
Revised 07/2008

IDAHO SECRETARY OF STATE
11/23/2009 05:00
CK: 21475 CT: 222177 DN: 1196355
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