

## **CERTIFICATE OF ORGANIZATION** LIMITED LIABILITY COMPANY

FILED EFFECTIVE

09 JUL 13 AM 8: 45

(Instructions on back of application)

(		SECONTRACT AT	
1. The name of the limited liability	company is:	SECRETARY OF ST STATE OF IDAH	
•	G & G Goods, LLC	THE OF IDATE	
2. The complete street and mailing	<u> </u>	polaratod/ariasinal affica-	
	k Street Moyie Springs, ID 83		
(Street Address)	K Street Moyle Springs, ID 03	040	
	x 3132 Bonners Ferry, ID 838	05	
(Malling Address, if different than street addres	·		
3. The name and complete street a	ddress of the registered a	gent:	
Michele Gagnon	183 N. Elk Street	Moyie Springs, ID 83845	
(Name)	(Street Address)	may a opingo, no coops	
	•	N.,	
4. The name and address of at leas	t one member or manage	r of the limited liability	
company:	·		
Name	•	Address	
Michele Gagnon	183 N. Elk Street	183 N. Elk Street Moyle Springs, ID 83845	
Pamela Grimmett	Pamela Grimmett 94 Shingle Mill Loop Rd. Bonners Ferry, ID 83805		
	<u> </u>		
<ol><li>Mailing address for future corresp</li></ol>	ondence (annual report n	otices):	
P.O. Box	3132 Bonners Ferry, ID 838	05	
S Eutura affective data of filing /anti	ional):		
6. Future effective date of filing (opti	Onai).		
ignature of organizor(s) (s	in a manulus, au !-		
ignature of organizer(s). (An organizer i cting in behalf of a member or members).	s a member, or is		
20-1-11	g	Secretary of State use only	
ignature Mulule Hayno			
yped Name:Micbele Gagno	n g		
	909 900	•	
ignature	Stormstule formsteet, org. It.: PAID Revised 07/2008	19940 SECRETARY OF STATE	
yped Name:	Cormsol	(X: 1639 CT: 216286 MI: 11	
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