



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

2015 FEB 23 PM 3:09

**SECRETARY OF STATE
STATE OF IDAHO**

1. The name of the limited liability company is:

At home with Savannah LLC

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

4293 E. Franklin rd. Nampa, 83687

(Street Address)

(Mailing Address, if different than street address)

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

Savannah Combe

(Name)

4293 E. Franklin rd. Nampa, 83687

(Street Address)

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

Name

Address

Savannah Combe

4293 E. Franklin rd. Nampa, 83687

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

4293 E. Franklin rd. Nampa, ID. 83687

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

Signature of a manager, member or authorized person.

Signature Savannah Combe

Typed Name: Savannah Combe

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

02/24/2015 05:00

CK: CASH CT: 306828 BH: 1463173

1@ 100.00 = 100.00 ORGAN LLC #2

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