

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

09 FEB 11 AM 8: 24

(Instructions on back of application)

SECRETARY OF ST

1.	The name of the limited liability company is:		STATE OF	OF IDAHO
	Cyndie's Feat	herville Cafe, LLC		
2.	The complete street and mailing addresses of the initial designated/principal office:			_
	4415 N. Pine Featherville Rd Featherville ID 83647			
	(Street Address)			
	(Mailing Address, if different than street address)			
3.	The name and complete street address of the registered agent:			
	Cyndie S. Christensen	4415 N. Pine Featherville Rd		
	(Name) (Stre	(Street Address) Featherville ID 83647		
4.	The name and address of at least one me company:	mber or manager o	of the limited liability	
	Name	Ade	iress	
	Cyndie S. Christensen	4415 N. Pine Featherville Rd		
	Patrick T. Christensen	4415 N. Pine Featherville Rd		* (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
			113	
5.	Mailing address for future correspondence	e (annual report not	ices):	
	4415 N. Pine	Featherville Rd Fea	therville ID 83647	_
6.	Future effective date of filing (optional): _			-
_	nature of organizer(s). (An organizer is a memb ng in behalf of a member or members).	er, or is		
			Secretary of State use only	
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Typed Name Cyndie S. Christensen		5		e e e
	nature Pates to alliste	Mornskil C formstoort org. Its. PMD		**************************************
_		The season of th		
ıyp	ed Name: Patrick T. Christensen	§ &	THOUGH SECRETARY	OC CTATE

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