

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

	(motidations on Edd	it of approatio	,	IUAPR _	5 44
1. The name	mpany is:		Stor-	5 AM 9: 03	
BUR	NING CABIN,	LLC		SECRETAR STATE O	Y OF STATE
2. The comple	ete street and mailing ac	dresses of th	e initial desig	nated/principa	il official
/623 (Street Address	PARK Ave	NAMPA,	IDAHI.	8368	7
(Mailing Addre	es, if different than street address)				
3. The name	and complete street add	lress of the re	gistered ager	nt:	
(Name)	Mikhell	1623 (Street Address	Paris Au	e. Nauga,	<u>D) 63</u> 487
4. The name company:	and address of at least (one member o	or manager o	f the limited lis	bility
1844	Name Mitchell SWARTZ	1623 t	Ary Air	Name	IN PRAT
Transia	SHANTS	7924	11 < 1005	ALOND ALC	Margari 72
TRAVIS	SOME	<u> </u>	V. SMEET		83644
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_	fress for future correspo Park AUE VARY			and the second s	
6. Future effe	ctive date of filing (optio	nal):			A second
	ganizer(s). (An organizer is a member or members).	a member, or is			
	-	5		Secretary of State use) only
Typed Name: TRACY J. Mirkhel!			PleamalLC formwest org Jc.PMD Revised 07/2008	, \ a n i	~
Typou raine.			9000 9000	W921	13
Signature			PARTIC PA	IDANO SECRETAN 04/05/201	0 05:00
Typed Name:			ga C	K: 10348 CT: 2336 9 108.90 = 100.8	97 BH: 1216253