

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

11 JUL 26 AM 10: 20

STATE OF IDAHO

(Instructions on back of application) 1. The name of the limited liability company is: Orphan Espresso LLC 2. The complete street and mailing addresses of the initial designated/principal office: 1541 Highway 99, Troy, Idaho 83871 (Street Address) (Mailing Address, if different than street address) 3. The name and complete street address of the registered agent: 1541 Highway 99, Troy, Idaho 83871(County of Latah) Barbara L. Garrott (Name) (Street Address) 4. The name and address of at least one member or manager of the limited liability company: **Address** Name 1541 Highway 99, Troy, Idaho 83871 Barbara L. Garrott 1541 Highway 99, Troy, Idaho 83871 Douglas G. Garrott Mailing address for future correspondence (annual report notices): 1541 Highway 99, Troy, Idaho 83871 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). Secretary of State use only rptformstLLC formstoart org_llc.PMD Revised_07/2008 Signature Typed Name: LegalZoom.com, Inc. (Organizer) by Ryan Moran, Assistant Secretary Signature ___ Typed Name:

IDAHO SECRETARY OF STATE

07/26/2011 05:00

CK: 20415 CT: 167623 BH: 1284017

1 0 100.00 = 100.00 ORGAN LLC # 2

1 0 20.00 = 20.00 EXPEDITE C # 3

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