

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

10 JUN 16 AM 8: 35

1.	The name of the limited liability company is:			SECRETARY STATE C	in of su	ATE)
	The Gluten Fre	e Pantry ,	LLC	STATE	IF IDA	_
2.	The complete street and mailing addresses of	the initial	designa	ted/principal	office:	
	515 North River Street, Hailey, ID 83333					
	(Street Address) P.O. Box 2450, Hailey, ID 83333					
	(Mailing Address, if different than street address)					• •
3.	The name and complete street address of the registered agent:					
	Lisa Jenner 15	1541 Baldy View Drive, Hailey, ID 83333				_
	(Name) (Street Addr	ess)			:	-
4.	The name and address of at least one membe company:	r or mana	ager of th		ility	
	Donna D'Adamo 121 Le	121 Lower Broadford Road, Bellevue , ID 83313				
	Lisa Jenner 15	1541 Baldy View Drive, Halley, FD 83333				
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					\$	e [‡]
_	Mailing address for fitting companyages (on			a1.		
5.	Mailing address for future correspondence (an Lisa Jenner, PO Box 2450	-		5) .		
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6.	Future effective date of filing (optional):					
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Sigi	nature of organizer(%) (An organizer is a member, or	is				
	ng in behalf/of a member or members).					
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_	nature Lisa Jenner	oro Kc.				•
ıyp	ped Name: Lisa Jenner	skent				
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	nature Donna D'Adamo	mett.L		IDAHO SECRE	TARY OF S	
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