







STATE OF IDAHO

Office of the secretary of state, Lawerence Denney CERTIFICATE OF ORGANIZATION LIMITED LIABILITY **COMPANY**

Idaho Secretary of State PO Box 83720 Boise, ID 83720-0080 (208) 334-2301 Filing Fee: \$100.00

For Office Use Only

-FILED-

File #: 0004495274

Date Filed: 11/10/2021 9:53:58 PM

Certificate of Organization Limited Liability Company Select one: Standard, Expedited or Same Day Service (see descriptions below)	Standard (filing fee \$100)
1. Limited Liability Company Name	
Type of Limited Liability Company	Limited Liability Company
Entity name	Main Street Makers, LLC
2. The complete street address of the principal office is:	
Principal Office Address	2264 N SPIKE AVE KUNA, ID 83634
3. The mailing address of the principal office is:	
Mailing Address	2264 N SPIKE AVE KUNA, ID 83634-3533
4. Registered Agent Name and Address	
Registered Agent	Registered Agent
	Sara Goodpasture Physical Address:
	2264 N SPIKE AVE
	KUNA, ID 83634
	Mailing Address:
	2264 N SPIKE AVE KUNA, ID 83634-3533
☐ I affirm that the registered agent appointed has consented ☐ I affirm that the registered agent appointed has consented ☐ I affirm that the registered agent appointed has consented ☐ I affirm that the registered agent appointed has consented ☐ I affirm that the registered agent appointed has consented ☐ I affirm that the registered agent appointed has consented ☐ I affirm that the registered agent appointed has consented ☐ I affirm that the registered agent appointed has consented ☐ I affirm that the registered agent appointed has consented ☐ I affirm that the registered agent appointed has consented ☐ I affirm that the registered agent appointed has consented ☐ I affirm that the registered agent appointed has consented ☐ I affirm that the registered agent appointed has consented ☐ I affirm that the registered agent appointed has consented ☐ I affirm that the registered agent appointed has consented agent appointed has consented agent agent appointed by the registered agent	ed to serve as registered agent for this entity.
Name	Address
Sara Goodpasture	2264 N SPIKE AVE KUNA, ID 83634
Signature of Organizer:	
Signature of Organizer: Sara Goodpasture	11/10/2021