

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

(Instructions on back of application)

09 JUN - 5 PM 2: 15

| (11) 611 (10) (11) | back of application) | 05 0011 0 111 2 10 |
|---|--|-------------------------|
| . The name of the limited liability company is: | | SECRETARY OF STATE |
| | Event-Full Catering LLC | STATE OF IDAHO |
| The complete street and mailing | g addresses of the initial design | nated/principal office: |
| • | W Tango Crk Dr Meridian ID 83646 | , rate di printe pari |
| (Street Address) | | |
| (Mailing Address, if different than street addr | ress) | |
| 3. The name and complete street | address of the registered ager | nt: |
| Tracy Crawford | 2042 W Tango Crk D | or Meridian ID 83646 |
| (Name) (Street Address) | | |
| I. The name and address of at leacompany: Name Alexis Austin | | ress |
| Tracy Crawford | wford 2042 W Tango Crk Dr Meridian ID 83646 | |
| | | 44 |
| **** | | |
| | | |
| | | |
| | | |
| . Mailing address for future corre | espondence (annual report noti W Tango Crk Dr Meridian ID 83646 | ces): |
| 6. Future effective date of filing (optional): | | |
| • | | |
| ignature of organizer(s). (An organize ting in behalf of a member or members). | | |

Secretary of State use only

Typed Name: Tracy Crawford

Signature Signature

Typed Name; _____ Alexis Austin

Signature

19990 SECRETARY OF STATE 96/95/2009 95:00 CK: 1843 CT: 237731 BH: 1173559 1 8 198.09 = 108.00 ORGAN LLC # 2

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