

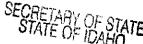
Signature:

## RESTATEMENT OF **CERTIFICATE OF ORGANIZATION** LIMITED LIABILITY COMPANY

Title 30, Chapters 21 and 25, Idaho Code Filing fee: \$30 typed, \$50 not typed

FILED EFFECTIVE

2016 MAR 16 AM 9: 28



	Complete and submit the ap	olication in <u>duplicate</u> .	STATE STATE	
1a.	The name of the limited liability company is:  Doggy Styles, LLC	STATE OF IDAHO		
2a.	The date the certificate of organization was fi	led: 19 April 2011		
The	Certificate of Organization is restated to:			
1.	The name of the limited liability company is:  Doggy Styles, LLC			
2.	The complete street and mailing addresses of 520 Main Ave So	of the principal office is:		
	(Street Address) 520 Main Ave So Twin Falls, ID 8330	11		
	(Mailing Address. if different)		<del></del>	
3.	Registered agent name and address:			
	Randi K Sosa	520 Main Ave So	Twin Falls , ID 83301	
	(Name)  Register	(Address) red agent signature:	(New Jegistered agent must sign here)	
4.	Mailing address for future correspondence: 520 Main Ave So Twin Falls, ID 833 (Address)	301	John Chayra	
5,	The name and address of at least one manager or member:			
	Michael A Sosa	520 Main Ave So	Twin Falls, ID 83301	
	(Name)	(Address)		
	Randi K Sosa	520 Main Ave So	Twin Falls, ID 83301	
	(Name)	(Address)		
	(Name)	(Address)		
	John hoyan	- {	Secretary of State use only	
6.	Signature of a manager, member, or an a	authorized person.	IDAHO SECRETARY OF STATE	
Printed Name: Michael Sos 9			03/16/2016 05:00 CK:399 CT:321878 BH:1518914 10 30.00 = 30.00 ARAOLLC #2	
Sig	nature: Mallury Joseph			
Printed Name: Randi Kay Sosa			W102603	

Rev. 08/2015