

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

11 OCT 25 PM 2:21

| *** | (Instructions on book | of opplication | ") |
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| <u>** </u> | (Instructions on back of application) | | JEGRETARY OF STAT |
| 1. | The name of the limited liability com | npany is: | STATE OF IDAHO |
| | Crum | npsal Creamer | y, LLC |
| 2. | The complete street and mailing addresses of the initial designated/principal office: | | |
| | 664 S Rivershore Lane Eagle ID 83616 | | |
| | (Street Address) 4173 W Big Creek Dr. Meridian ID 83642 | | |
| | (Mailing Address, if different than street address) | | |
| 3. | The name and complete street address of the registered agent: | | |
| | Donald D Howell | 4173 W Big (| Creek Dr. Meridian ID 83642 |
| | (Name) | (Street Address | • |
| | | | |
| 4. | The name and address of at least one member or manager of the limited liability | | |
| | company: | | |
| | Name Canald D. Hawell | 4470 W D' | Address |
| | Donald D. Howell | 4173 W Big Creek Dr. Meridian ID 83642 | |
| | Lisa M. Howell | 4173 W Big | Creek Dr. Meridian ID 83642 |
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| _ | Matting address for fixture consequen | -1 (| |
| 5. | Mailing address for future correspond | dence (annu | iai report notices): |
| | 4173 W Big Creek Dr. Meridian ID 83642 | | |
| 6 | Future effective date of filing (options | al). | |
| Ο. | r dure enective date or ming (options | ai <i>)</i> | |
| Sia: | nature of a manager member or | outhorized. | |
| _ | nature of a manager, member or son. | aumonzeu | |
| • | 0_0 | | Secretary of State use only |
| | nature DV Que | | |
| Гур | ed Name. Lisa M. Howell | | IDANO SECRETARY OF STATE |
| | | | 10/25/2011 05:00 CK: 5238 CT: 263619 BH: 1295579 |
| Sigi | nature | | 1 9 100.08 = 108.00 DRGAN LLC # (|
| Гур | ed Name: | | |

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