



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

2014 NOV 21 AM 9:30

SECRETARY OF STATE
STATE OF IDAHO

(Instructions on back of application)

1. The name of the limited liability company is:

RIVERHORSE Cuisine Management, LLC

2. The complete street and mailing addresses of the initial designated office:

345 Dale Drive Idaho Falls, Idaho 83402

(Street Address)

(Mailing Address, if different than street address)

3. The name and complete street address of the registered agent:

M. Reese Fillmore

(Name)

345 Dale Drive Idaho Falls, Idaho 83402

(Street Address)

4. The name and address of at least one member or manager of the limited liability company:

Name

M. Reese Fillmore

Address

345 Dale Drive Idaho Falls, Idaho 83402

5. Mailing address for future correspondence (annual report notices):

345 Dale Drive Idaho Falls, Idaho 83402

6. Future effective date of filing (optional): _____

Signature of a manager, member or authorized person.

Signature _____

Typed Name: M. REESE FILLMORE

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
11/21/2014 05:00CK:205749733552 CT:303447 BH:1450277
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