

Typed Name: Brittany Forter

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2011 MAR 22 AM 10: 10

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1. 7	The name of the limited liability co		STATE OF BUAHO					
		Tastee Treet, LLC						
2. T	he complete street and mailing ad 923 Boyd, Chubbuck, ID 83202	dresses of the initial designated/principal office:	-					
	(Street Address)		-					
	(Mailing Address, if different than street address)							
3. T	The name and complete street address of the registered agent:							
_	Steven Porter	923 Boyd, Chubbuck, ID 83202						
	(Name)	(Street Address)	-					
i. T	ne hame and address of at least o ompany: <u>Name</u>	ne member or manager of the limited liability  Address						
3	Steven Porter	923 Boyd, Chubbuck, ID 83202						
i	Brittany Porter	923 Boyd, Chubbuck, ID 83202						
-								
_								
_								
	ailing address for future correspon	dence (annual report notices):						
-	923 Boyd, Chubbuck, ID 83202							
Fu	uture effective date of filing (optional	al)•						
	Table 1 The State of Thing (options	ui).						
nai	ture of a manager, member or	authorized						
rsor	<del>-</del>							
	ure Steven Portu	Secretary of State use only	-					
ped	Name: Steven Porter							
nati	ure Buttany Porter							

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IDAHO SECRETARY OF STATE 03/22/2011 05:00 CK: NONE CT: 2982 BH: 1265429 1 0 100.00 = 108.00 ORGAN LLC # 2

