

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

10 JAN 14 AM 8: 35

SECRETARY

1. The name of the limited liability comp	any is:	STATE OF IDAHO
ALL AMERICAN AMUSEMENT & VENDING LLC		
2. The complete street and mailing addresses of the initial designated/principal office:		
(Street Address)	Road, STMANIES 7	Z 83861
(Malling Address, if different than street address)	Id 83835	<u></u>
3. The name and complete street address	ss of the registered agent:	· *
(Name)	26664 S. Lanenidge Rom (Street Address)	S. S. Marias Id
(Name)	(Street Address)	P 3831-
The name and address of at least one member or manager of the limited liability company:		
Name	Address	
LINDA G STARK	20064 S. Loveridge Am	d ST Monres To
		F3835

5. Mailing address for future correspondence (annual report notices):		
1.0.60x 1826 Hayden, Fd =3835		
Total Total Tragger		
6. Future effective date of filing (optional):	
Signature of organizer(s). (An organizer is a n	nember, or is	
acting in behalf of a member or members).		of State use only
Signature Linda D. Stiw	C. PIMO	
Typed Name: LINDA G STARK	misulic formation of 17 CK1. Seed of 772008	
	age age 1	DAHO SECRETARY OF STATE
Signature	4217 CK: 9	14/2016 05:00 8 CT: 243859 BH: 1263441
Typed Name:	1 2 10	9.80 = 100.00 ORGAN LLC # 2