

Typed Name: \_

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

11 MAY -4 AM 8: 30

LIMITED LIADI	LITE COMINE (MA) -4 MI 0.00
(Instructions on b	ack of application)
1. The name of the limited liability	company is: Restaurant SECRETARY OF STATE  STATE OF IDAHO  STATE OF IDAHO
CHUC	CKWAGON RESTRAUNT, LLC
<ol> <li>The complete street and mailing PO BOX 181</li> </ol>	addresses of the initial designated/principal office:
(Street Address) LAVA HOT SPRINGS, IDAHO 83246 (Mailing Address, if different than street address)	
3. The name and complete street a	iddress of the registered agent: 11825 S. Dempsey Creek Rd., LAVA Hot Springs, 83246
JULIE PATTERSON	,
(Name)	(Street Address)
Name JULIE PATTERSON	P.O. BOX 181, LAVA HOT SPRINGS, ID 83246
5. Mailing address for future corres	pondence (annual report notices):
PO BOX 181, LAVA HOT SPRINGS,	ID 83246
6. Future effective date of filing (op	tional):
Signature of a manager, member	or authorized
Signature ULL CULT Syped Name: JULIE PATTERSON	Secretary of State use only
Signature	TRAIN OF OFFICE

cert\_org\_lic Rev. 07/2010

IDAHO SECRETARY OF STATE **95/94/2011 95:00** CK: 5494 CT: 239462 BH: 1272198 1 **9** 188.68 = 168.68 ORGAN LLC **#** 2