



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

2012 MAR -5 PM 1:45  
SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

Smoke-N-Accessories LLC

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

6419 Ustick RD Boise ID 83704

(Street Address)

(Mailing Address, if different than street address)

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

Anthony Stoner  
(Name)

863 Parkinson Eagle ID 83616  
(Street Address)

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

Name	Address
<u>Anthony Stoner</u>	<u>863 Parkinson Eagle ID 83616</u>
_____	_____
_____	_____
_____	_____
_____	_____

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

6419 Ustick RD Boise ID 83704

6. Future effective date of filing (optional): \_\_\_\_\_

Signature of a manager, member or authorized person.

Signature

Typed Name:

ANTHONY STONER

Secretary of State use only

Signature

Typed Name:

IDAHO SECRETARY OF STATE  
03/05/2012 05:00  
CK: 288 CT: 267757 BH: 1313584  
1 @ 100.00 = 100.00 ORGAN LLC # 2

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