	S OF ORGANIZATION	
	LIABILITY COMPANY tions on back of application)	08 APR 15 PM 4: 11
I. The name of the limite Please the Palate, LL		SECRETARY OF STATE STATE OF IDAHO
2. The street address of the <u>301 S. Pierce Pl., Bois</u>	he initial registered office is: se, ID 83712	
and the name of the ini Rory A. Farrow	itial registered agent at the above ac	ldress is:
3. The mailing address for 301 S. Pierce Pl., Bois	r future correspondence is: se, ID 83712	
. The limited liability com Manager-managed	1	se check the appropriate box)
. If manager-managed, li If member-managed, lis <u>Name</u>	st the name(s) and address(es) of a st the name(s) and address(es) of a st the name(s) and address(es) of a st	it least one initial manager. t least one initial member. Address
If member-managed, lis	st the name(s) and address(es) of a	t least one initial member. Address
If member-managed, lis Name	st the name(s) and address(es) of a	t least one initial member. Address
If member-managed, lis Name	st the name(s) and address(es) of a	t least one initial member. Address
If member-managed, lis <u>Name</u> <u>Rory A. Farrow</u>	e person responsible for forming the	t least one initial member. Address se, ID 83712
If member-managed, lis <u>Name</u> <u>Rory A. Farrow</u>	e person responsible for forming the	t least one initial member. Address se, ID 83712