



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

**FILED EFFECTIVE**

2014 MAY 16 AM 8:59

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

The Maple Leaf Emporium LLC

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

226 Main Ave North Twin Falls ID. 83301

(Street Address)

(Mailing Address, if different than street address)

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

David Waltrip

(Name)

230 Main Ave N. Twin Falls ID. 83301

(Street Address)

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

**Name**

**Address**

Ray Pond

1651B east 4000 North Buhl ID. 83316

David Waltrip

226 Main Ave N Twin Falls ID 83301

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

226 Main Ave N. Twin Falls ID. 83301

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature

*David Waltrip*

Typed Name: David Waltrip

Signature

Typed Name:

Secretary of State use only  
IDAHO SECRETARY OF STATE

05/16/2014 05:00

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