

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

12 FFR 16 AM 8: 36

TLED EFFECTIVE

TE H	(Instructions on back	k of application)	TET ED 3 OF THE ED	
1.	The name of the limited liability con	mpany is:	SECRETARY OF STATE	
	Blu	e Sky Mondays, LLC	₩	
2.	The complete street and mailing ad 301 Main Street, Suite 207, Lewiston, ID		tial designated office:	
	(Street Address)			
	(Mailing Address, if different than street address)			
3.	The name and complete street address of the registered agent:			
	Kelsey Grafton	1015 24th Street,	Lewiston, ID 83501	
	(Name)	(Street Address)		
4.	The name and address of at least one member or manager of the limited liability company:			
	<u>Name</u>		Address	
	Kelsey Grafton 1015 24th Street, Lewiston, ID 83501		Lewiston, ID 83501	
5.	Mailing address for future correspong 301 Main Street, Suite 207, Lewiston, ID	•	port notices):	
6.	Future effective date of filing (option	nal):		
Sigr pers	nature of a manager, member or	authorized		
•	ature .		Secretary of State use only	
Тур	ed Namer Kelsey Grafton			
Sigr	ature		IDAHO SECRETARY OF STATE  62/16/2012 65:00  CK: 1809 CT: 267888 BH: 1318966	
Typed Name:			1 0 100.08 = 100.00 ORGAN LLC # 2	

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