



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

2014 OCT -8 PM 1:44

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

FELIENA CHAULK LLC

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

520 NOBLE FIR CT, NAMPA, ID 83686

(Street Address)

(Mailing Address, if different than street address)

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

FELIENA DORI CHAULK

(Name)

520 NOBLE FIR CT, NAMPA, ID 83686

(Street Address)

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

Name

Address

FELIENA DORI CHAULK

520 NOBLE FIR CT, NAMPA, ID 83686

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

520 NOBLE FIR CT, NAMPA, ID 83686

6. Future effective date of filing (optional): _____

Signature of a manager, member or authorized person.

Signature

Typed Name: FELIENA DORI CHAULK

Signature

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

10/08/2014 05:00

CK: CASH CT: 301972 BH: 1444477

1@ 100.00 = 100.00 ORGAN LLC #2

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