



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY FILED EFFECTIVE

(Instructions on back of application)

2015 JUN 23. AM 8:29

1. The name of the limited liability company is:

SECRETARY OF STATE
STATE OF IDAHO

Sabra and Ryan Limited Liability Company

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

650 Idaho Street South Eden, Idaho 83325

(Street Address)

(Mailing Address, if different than street address)

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

Sabra Molvee

(Name)

650 Idaho Street South Eden ID 83325

(Street Address)

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

Name

Address

Sabra Molvee

650 Idaho Street South Eden ID 83325

Ryan Molvee

650 Idaho Street South Eden ID 83325

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

650 Idaho Street South Eden Idaho 83325

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

Signature of a manager, member or authorized person.

Signature

Sabra Molvee

Typed Name: Sabra Molvee

Signature _____

Typed Name: _____

Secretary of State use only
IDAHO SECRETARY OF STATE

06/23/2015 05:00

CK:1005 CT:276861 BH:1481056

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