

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

09 MAR 24 PM 12: 01

SECRETARY OF STATE STATE OF IDAHO

1. The name of the limite	The name of the limited liability company is:			
		ustom f	lowers LLC	
2. The complete street an	w the initial designated/aging and office:			
,	7383 S. Cloverdale Rd.			
(Street Address)	N/A			
(Mailing Address, if different than	n street address)			
3. The name and complet	e street address of the	e registered	agent:	
Alycia M. Smith	h	825 W. Sublette, Pocatello, ID 83201		
(Name)	(Street Ad	(Street Address)		
The name and address company: Name	of at least one memb	er or manag	ger of the limited liability	
Alycia M. Sm	ith	825 W. Sublette, Pocatello, ID 83201		
7 ayola iii. Oiii		 · · · 		
		<u></u>		
			. *	
5. Mailing address for fut	ure correspondence (a	innual repor	t notices):	
	7383 S. Clove	erdale Rd.		
			N/A	
6. Future effective date of	f filing (optional):		14/4	
Signature of organizer(s).	_	or is		
acting in behalf of a member or	1. h l left	<u></u>	Secretary of State use only	
Signature / //////////////////////////////////	LAMAY	الدي	•	
	llycia M. Smith	omskilc formskert org. lic.PMD		
•		юттв/с 2008	IDANO SECRETARY OF STATE	
Signature		SULCI ed 07%	03/24/2009 05:00	
Typed Name:		STITO SANS	CK: CASH CT: 235416 BH: 1162699	

U282545