



0004075312

**STATE OF IDAHO***Office of the secretary of state, Lawrence Denney***CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY**

Idaho Secretary of State

PO Box 83720

Boise, ID 83720-0080

(208) 334-2301

Filing Fee: \$100.00

*For Office Use Only***-FILED-**

File #: 0004075312

Date Filed: 11/27/2020 3:47:48 PM

| Certificate of Organization Limited Liability Company                                                                                                                       |                                                                                                                                                                     |      |         |                    |                                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|---------|--------------------|---------------------------------|
| Select one: Standard, Expedited or Same Day Service (see descriptions below)                                                                                                | Standard (filing fee \$100)                                                                                                                                         |      |         |                    |                                 |
| 1. Limited Liability Company Name                                                                                                                                           |                                                                                                                                                                     |      |         |                    |                                 |
| Type of Limited Liability Company                                                                                                                                           | Limited Liability Company                                                                                                                                           |      |         |                    |                                 |
| Entity name                                                                                                                                                                 | Y.ESE ART LLC                                                                                                                                                       |      |         |                    |                                 |
| 2. The complete street address of the principal office is:                                                                                                                  |                                                                                                                                                                     |      |         |                    |                                 |
| Principal Office Address                                                                                                                                                    | 288 NORTH 5200 WEST<br>REXBURG, ID 83440                                                                                                                            |      |         |                    |                                 |
| 3. The mailing address of the principal office is:                                                                                                                          |                                                                                                                                                                     |      |         |                    |                                 |
| Mailing Address                                                                                                                                                             | PO BOX 534<br>REXBURG, ID 83440-0534                                                                                                                                |      |         |                    |                                 |
| 4. Registered Agent Name and Address                                                                                                                                        |                                                                                                                                                                     |      |         |                    |                                 |
| Registered Agent                                                                                                                                                            | Registered Agent<br>YESENIA MAGALLANES<br>Physical Address:<br>288 NORTH 5200 WEST<br>REXBURG, ID 83440<br>Mailing Address:<br>PO BOX 534<br>REXBURG, ID 83440-0534 |      |         |                    |                                 |
| <input checked="" type="checkbox"/> I affirm that the registered agent appointed has consented to serve as registered agent for this entity.                                |                                                                                                                                                                     |      |         |                    |                                 |
| 5. Governors                                                                                                                                                                |                                                                                                                                                                     |      |         |                    |                                 |
| <table border="1"><thead><tr><th>Name</th><th>Address</th></tr></thead><tbody><tr><td>YESENIA MAGALLANES</td><td>PO BOX 534<br/>REXBURG, ID 83440</td></tr></tbody></table> |                                                                                                                                                                     | Name | Address | YESENIA MAGALLANES | PO BOX 534<br>REXBURG, ID 83440 |
| Name                                                                                                                                                                        | Address                                                                                                                                                             |      |         |                    |                                 |
| YESENIA MAGALLANES                                                                                                                                                          | PO BOX 534<br>REXBURG, ID 83440                                                                                                                                     |      |         |                    |                                 |
| Signature of Organizer:                                                                                                                                                     |                                                                                                                                                                     |      |         |                    |                                 |
| <u>YESENIA MAGALLANES</u>                                                                                                                                                   | <u>11/27/2020</u>                                                                                                                                                   |      |         |                    |                                 |
| Sign Here                                                                                                                                                                   | Date                                                                                                                                                                |      |         |                    |                                 |

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