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# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

Title 30, Chapters 21 and 25, Idaho Code

Base Filing fee: \$100.00 typed, \$120 not typed

Complete and submit the application in duplicate.

2018 JUN 27 AM 8:32

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:  
A Taste of the Good Life, LLC

(Remember to include the words "Limited Liability Company," "Limited Company," or the abbreviations L.L.C., LLC, or LC)

2. The complete street and mailing addresses of the principal office is:  
3920 E. 145 N. Idaho Falls, ID 83401

(Street Address)

(Mailing Address, if different)

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

Joseph Jardine

3920 E. 145 N. Idaho Falls Idaho 83401

(Name)

(Address)

4. The name and address of at least one governor of the limited liability company:

Krishelle Jardine

3920 E. 145 N. Idaho Falls Idaho 83401

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

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

3920 E. 145 N. Idaho Falls Idaho 83401

(Address)

Signature of organizer(s).

Printed Name:

Joe Jardine

Signature:

Printed Name:

Krishelle Jardine

Signature:

Secretary of State use only

IDaho SECRETARY OF STATE

06/27/2018 05:00

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