

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

09 OCT - 1 PM 12: 05

SECRETARY OF STATE STATE OF IDAHO

The name of the limited liability c	ompany is:	STATE OF IDAHO
1	BAGUETTE DELI, I	LLC.
The complete street and mailing a	addresses of the	e initial designated/principal office:
520	4 W. FRANKLIN S	STREET
(Street Address)	BOISE, IDAHO 83	1705
(Mailing Address, if different than street address		
The name and complete street ad	ldress of the reg	gistered agent:
TRACY A. PHAM	9880	W. LUPINE ST. BOISE ID. 83704
(Name)	(Street Address)	, to 15
The name and address of at least company:	one member or	r manager of the limited liability
Name		<u>Address</u>
TRACY AI THUY PHAM	9880 W	/. LUPINE ST. BOISE IDAHO 83704
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Mailing address for future corresp 4806 EME	ondence (annua ERALD ST. BOISE I	•
		*.
Future effective date of filing (opti-	onal):	
nature of organizer(s). (An organizer in g in behalf of a member or members).	s a member, or is	
nature Transcording PA	an [	Secretary of State use only
ed Name: TRACYALTHUY P	НАМ	IDANG SECRETARY OF STATE
nature		IDAHO SECRETARY OF STATE  10/01/2009 05:0  CX: CASH CT: 241854 BH: 1189.  1 9 189.00 = 189.80 ORGAN LL
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