



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE
09 FEB 20 AM 8:57

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Forget Me Not Friends, LLC

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

1556 Gemstone Place, Post Falls, ID 83854

(Street Address)

Same as above

(Mailing Address, if different than street address)

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

Susan M. Thorpe

(Name)

1556 Gemstone Place, Post Falls, ID 83854

(Street Address)

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

Name

Address

Susan M. Thorpe

1556 Gemstone Place, Post Falls, ID 83854

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

Same as above

6. Future effective date of filing (optional):

Signature of organizer(s). (An organizer is a member, or is acting in behalf of a member or members).

Signature

Susan M. Thorpe

Typed Name:

Susan M. Thorpe

Signature

Typed Name:

Secretary of State use only

g:\comp\form\llc\form\llc_012_1c.PMD
Revised 07/2008

IDAHO SECRETARY OF STATE
02/20/2009 05:00
CR: 4637 CT: 234331 IN: 1157430
1 @ 100.00 = 100.00 ORGAN LLC # 2

W81696