		FILED EFFEC
CERTIFICATE OF C		
(Instructions on back	of application)	SECRETARY OF STATE
1. The name of the limited liability con	mpany is:	STATE OF IDAHO
C	atering to You, LLC.	
	dresses of the initial c mice Dr. Meridian, ID 83	• • •
(Street Address)		
(Mailing Address, if different than street address)		<u></u>
<ol><li>The name and complete street addr</li></ol>	ress of the registered	agent:
Stacy L. Hoppins	2688 E. Bernice (Street Address)	e Dr. Meridian, ID 83646
<u>Name</u> Stacy Hoppins	2688 F. Bernic	Address e Dr. Meridian, ID 83646
Name Stacy Hoppins Patricia Green		e Dr. Meridian, ID 83646 Way Meridian, ID 83646
Stacy Hoppins		e Dr. Meridian, ID 83646
Stacy Hoppins		e Dr. Meridian, ID 83646
Stacy Hoppins		e Dr. Meridian, ID 83646
Stacy Hoppins Patricia Green 5. Mailing address for future correspon	2935 E. Leslie	e Dr. Meridian, ID 83646 Way Meridian, ID 83646
Stacy Hoppins Patricia Green 5. Mailing address for future correspon 2688 E. Bei	2935 E. Leslie	e Dr. Meridian, ID 83646 Way Meridian, ID 83646
Stacy Hoppins Patricia Green Patricia Green 5. Mailing address for future correspon 2688 E. Ber 6. Future effective date of filing (option Signature of organizer(s). (An organizer is a	2935 E. Leslie	e Dr. Meridian, ID 83646 Way Meridian, ID 83646
Stacy Hoppins Patricia Green 5. Mailing address for future correspon 2688 E. Ber 6. Future effective date of filing (option	2935 E. Leslie	e Dr. Meridian, ID 83646 Way Meridian, ID 83646

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