



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

(Instructions on back of application)

11 APR 11 AM 9:12

1. The name of the limited liability company is:

High Country Bakehouse, LLC

SECRETARY OF STATE
STATE OF IDAHO

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

1805 9th Ave E Twin Falls, ID 83301

(Street Address)

(Mailing Address, if different than street address)

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

Aaron Adams

(Name)

1805 9th Ave E. Twin Falls, ID 83301

(Street Address)

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

Name

Address

Aaron Adams

1805 9th Ave E. Twin Falls, ID 83301

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

1805 9th Ave E. Twin Falls, ID 83301

6. Future effective date of filing (optional): _____

Signature of a manager, member or authorized person.

Signature

Aaron Adams

Typed Name: Aaron Adams

Signature

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
04/11/2011 05:00
CK: 318 CT: 257635 BH: 1268571
1 @ 100.00 = 100.00 ORGAN LLC # 2

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