

## **CERTIFICATE OF ORGANIZATION** LIMITED LIABILITY COMPANY

(Instructions on back of application)

10 MAY 21 AM 9: 48

SECRETARY OF

1. The name of the limited liability company is:	STATE OF IDAHO
The Bakery and coff	1
2. The complete street and mailing addresses of	the initial designated/principal office:  Hayden ID 83835
(Mailing Address, if different than street address)	
3. The name and complete street address of the registered agent:	
Bobby Thorpe 1223 (Street Addre	6 N. Dumond dr Hayden ID 83835
The name and address of at least one member or manager of the limited liability company:	
Bobby Thorpe 12236	N. Diamond dr
5. Mailing address for future correspondence (ann	ual report notices):
12236 N. Diamond dr Hayden ID 83835	
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).	
$\sim 10^{-1}$	Secretary of State use only
Typed Name: Bobby Thorpe	The Decretary of State  IDAHO SECRETARY OF STATE  952/204/2010 95 802
Signature	0772008 0772008
Typed Name:	IDAHO SECRETARY OF STATE 95/24/2019 95:00