

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2011 MAY 12 PM 2:40

SECRETARY OF STATE
STATE OF IDAHO

FILED EFFECTIVE

1. The name of the limited liability company is:

RECESSION CONCESSIONS LLC

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

343 N. 10th Avenue Pocatello ID 83201(Street Address)
(Mailing Address, if different than street address)

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

Scott E. Porter343 N 10th Ave Pocatello ID 83201

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

Name

Address

Julia F. Portersame

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

343 N 10th Ave Pocatello ID 83201

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature

Typed Name:

Scott E. Porter

Signature

Typed Name:

Secretary of State use only

ourl_prg_10 Rev. 07/2010

IDAHO SECRETARY OF STATE
05/12/2011 05:00
CK: 676438 CT: 172099 BH: 1273483
1 @ 100.00 = 100.00 ORGAN LLC # 2
1 @ 20.00 = 20.00 EXPEDITE C # 3

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