



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

11 JUN 21 PM 3:15

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

KOKOBLU L.C.

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

6986 N Prescot Ave Boise, ID 83714

(Street Address)

(Mailing Address, if different than street address)

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

Mark Nickerson

(Name)

6986 N Prescott Ave Boise ID 83714

(Street Address)

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

Name

Address

Mark Nickerson

6986 N Prescott Ave Boise ID, 83714

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

6986 N Prescott Ave Boise ID, 83714

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

Signature of a manager, member or authorized person.

Signature Mark Nickerson

Typed Name: Mark Nickerson

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
06/21/2011 05:00
CK: 710019 CT: 172099 BH: 1279411
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