



**CERTIFICATE OF ORGANIZATION FILED EFFECTIVE
LIMITED LIABILITY COMPANY**

2014 DEC -8 AM 10:09

(Instructions on back of application)

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

The Stinky Blanket LLC

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

285 W. Judicial Suite A
(Street Address)

Blackfoot, ID 83221
(Mailing Address, if different than street address)

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

Hayle Hoover 646 S. University
(Name) (Street Address)

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

<u>Name</u>	<u>Address</u>
<u>Hayle Ann Hoover</u>	<u>646 S. University Blk, ID</u>
	<u>83221</u>

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

646 S. University Blackfoot, ID 83221

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature Hayle Ann Hoover
Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
12/08/2014 05:00

CR:164520703 CT:303912 BH:1452177
1@ 100.00 = 100.00 ORGAN LLC #2

Signature _____
Typed Name: _____

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