



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

Title 30, Chapters 21 and 25, Idaho Code

Base Filing fee: \$100.00 typed, \$120 not typed

Complete and submit the application in duplicate.

**FILED EFFECTIVE**

**2018 FEB -1 AM 9:25**

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

**Jake's Knife Care, LLC**

(Remember to include the words "Limited Liability Company," "Limited Company," or the abbreviations "LLC," "LLC," or "LC")

2. The complete street and mailing addresses of the principal office is:

(Street Address)

**2146 Calico Drive, Idaho Falls, ID 83402**

(Mailing Address, if different)

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

**Jacob Erickson**

**2146 Calico Drive, Idaho Falls, ID 83402**

(Name)

(Address)

4. The name and address of at least one governor of the limited liability company:

**Jacob Erickson**

**2146 Calico Drive, Idaho Falls, ID 83402**

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

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

**2146 Calico Drive, Idaho Falls, ID 83402**

(Address)

Signature of organizer(s).

Printed Name: **Jacob M. Erickson**

Signature: *Jacob M. Erickson*

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Secretary of State use only

IDAHO SECRETARY OF STATE

**02/01/2018 05:00**

CK:4165 CT:352112 BH:1624600

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