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CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

(Instructions on back of application)

2012 OCT -9 PM 3:39

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

CR DISTRIBUTING, LLC

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

2179 ALAN ST. APT. 2, IDAHO FALLS, ID 83404-5775

(Street Address)

(Mailing Address, if different than street address)

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

CHRISTINA REYNOLDS

(Name)

2179 ALAN ST. APT. 2, IDAHO FALLS, ID 83404-5775

(Street Address)

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

NameAddress

CHRISTINA REYNOLDS

2179 ALAN ST. APT. 2, IDAHO FALLS, ID 83404-5775

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

2179 ALAN ST. APT. 2, IDAHO FALLS, ID 83404-5775

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature _____

Typed Name: WENDY BYFORD

Signature _____

Typed Name: _____

Secretary of State use only

 IDAHO SECRETARY OF STATE
 10/09/2012 05:00
 CK: 1158881 CT: 172899 BH: 1342952
 1 @ 100.00 = 100.00 ORGAN LLC # 2

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