







## STATE OF IDAHO

## Office of the secretary of state, Lawerence Denney CERTIFICATE OF ORGANIZATION LIMITED LIABILITY **COMPANY**

Idaho Secretary of State PO Box 83720 Boise, ID 83720-0080 (208) 334-2301 Filing Fee: \$100.00

For Office Use Only

-FILED-

File #: 0004390978

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| Certificate of Organization Limited Liability Company Select one: Standard, Expedited or Same Day Service descriptions below) | (see Standard (filing fee \$100)                     |
|---|--|
| 1. Limited Liability Company Name   |  |
| Type of Limited Liability Company   | Limited Liability Company                            |
| Entity name   | Taste Escape LLC                                     |
| 2. The complete street address of the principal office is:  |  |
| Principal Office Address  | KAITLYNN BROMLEY                                     |
|   | 1890 EAGLE DR  |
|   | AMMON, ID 83406                                      |
| 3. The mailing address of the principal office is:  |  |
| Mailing Address   | KAITLYNN BROMLEY<br>1890 EAGLE DR                    |
|   | AMMON, ID 83406-6536                                 |
| 4. Registered Agent Name and Address  |  |
| Registered Agent  | Registered Agent                                     |
|   | Kaitlynn Bromley                                     |
|   | Physical Address:<br>1890 EAGLE DRIVE                |
|   | AMMON, ID 83406                                      |
|   | Mailing Address:                                     |
|   | 1890 EAGLE DR  |
|   | AMMON, ID 83406-6536                                 |
| I affirm that the registered agent appointed has con  | sented to serve as registered agent for this entity. |
| 5. Governors  |  |
| Name  | Address  |
| 1 5 5   | 1890 EAGLE DRIVE<br>AMMON, ID 83406                  |
| Signature of Organizer:   |  |
| KAITLYNN BROMLEY  | 08/23/2021   |
|   |  |