



STATE OF IDAHO

Office of the secretary of state, Phil McGrane
**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 #: 0005895111

Date Filed: 9/9/2024 3:32:52 PM

| Certificate of Organization Limited Liability Company | | | | | | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|---------|-------------|--------------------------------------|----------------|-------------------------------------------|-------------|------------------------------------|
| Select one: Standard, Expedited or Same Day Service (see descriptions below) | | | | | | | | | |
| Expedited (+\$40; filing fee \$140) | | | | | | | | | |
| 1. Limited Liability Company Name | | | | | | | | | |
| Type of Limited Liability Company | Limited Liability Company | | | | | | | | |
| Entity name | Borello LLC | | | | | | | | |
| 2. The complete street address of the principal office is: | | | | | | | | | |
| Principal Office Address | TONY MARMON 14606 E. BUNCO RD ATHOL, ID 83801 | | | | | | | | |
| 3. The mailing address of the principal office is: | | | | | | | | | |
| Mailing Address | TONY MARMON 14606 E BUNCO RD ATHOL, ID 83801-5045 | | | | | | | | |
| 4. Registered Agent Name and Address | | | | | | | | | |
| Registered Agent | Registered Agent Brent Schlotthauer Physical Address: 409 E COEUR D ALENE AVE COEUR D ALENE, ID 83814 Mailing Address: 409 E COEUR D ALENE AVE COEUR D ALENE, ID 83814-2877 | | | | | | | | |
| <input checked="" type="checkbox"/> I affirm that the registered agent appointed has consented to serve as registered agent for this entity. | | | | | | | | | |
| 5. Governors | | | | | | | | | |
| <table border="1"> <thead> <tr> <th>Name</th> <th>Address</th> </tr> </thead> <tbody> <tr> <td>Tony Marmon</td> <td>14606 E. BUNCO RD ATHOL, ID 83801</td> </tr> <tr> <td>Clara Jennings</td> <td>475 W LACEY UNIT C HAYDEN, ID 83835</td> </tr> <tr> <td>Brenda Cook</td> <td>27724 N FALL ST ATHOL, ID 83801</td> </tr> </tbody> </table> | | Name | Address | Tony Marmon | 14606 E. BUNCO RD ATHOL, ID 83801 | Clara Jennings | 475 W LACEY UNIT C HAYDEN, ID 83835 | Brenda Cook | 27724 N FALL ST ATHOL, ID 83801 |
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| Signature of Organizer: | | | | | | | | | |
| <i>Brent Schlotthauer</i> | | | | | | | | | |
| Sign Here | 09/09/2024 | | | | | | | | |
| Date | | | | | | | | | |