



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

11 DEC -9 AM 9:03

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

BIBA'S GIFT, LLC

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

571 E. MANGO DR., EAGLE, ID 83616

(Street Address)

(Mailing Address, if different than street address)

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

BIBA NZIBRA MBENZA-NGOMA 571 E. MANGO DR., EAGLE, ID
(Name) (Street Address) 83616

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

Name	Address
<u>BIBA N. MBENZA-NGOMA</u>	<u>571 E. MANGO DR., EAGLE, ID</u> 83616
_____	_____
_____	_____
_____	_____
_____	_____

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

571 E. MANGO DR., EAGLE ID 83616

6. Future effective date of filing (optional): _____

Signature of a manager, member or authorized person.

Signature Bibra Mbenga Ngoma

Typed Name: BIBA NZIBRA
MBENZA-NGOMA

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
12/09/2011 05:00
CK: 1057 CT: 259784 BH: 1300990
1 @ 100.00 = 100.00 ORGAN LLC # 2

W108959