







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 #: 0004383524

Date Filed: 8/13/2021 2:29:38 PM

| Select one: Standard, Expedited or Same Day Service (s descriptions below) | ee Expedited (+\$40; filing fee \$140) |
|--|---|
| . Limited Liability Company Name | |
| Type of Limited Liability Company | Limited Liability Company |
| Entity name | Papas Appliance LLC |
| 2. The complete street address of the principal office is: | |
| Principal Office Address | PAPAS APPLIANCE |
| | 1854 HEATHER DR |
| | EMMETT, ID 83617 |
| 3. The mailing address of the principal office is: | |
| Mailing Address | 1854 HEATHER DR |
| | EMMETT, ID 83617-9516 |
| I. Registered Agent Name and Address | |
| Registered Agent | Registered Agent |
| | Timothy Moen |
| | Physical Address: PAPAS APPLIANCE |
| | 1854 HEATHER DR |
| | EMMETT, ID 83617 |
| | Mailing Address: |
| | PAPAS APPLIANCE |
| | 1854 HEATHER DR |
| | EMMETT, ID 83617-9516 |
| ☐ I affirm that the registered agent appointed has conse | ented to serve as registered agent for this entity. |
| i. Governors | |
| Name | Address |
| 1854 H | AS APPLIANCE |
| | 4 HEATHER DR |
| | METT, ID 83617 |
| | |
| Signature of Organizer: | |
| | |
| Timothy Moen | 08/13/2021 |