

## **CERTIFICATE OF ORGANIZATION** LIMITED LIABILITY COMPANY

FILED EFFECTIVE

(Instructions on back of application)

08 AUG 22 AM 8: 46

SECRETARY OF STATE

1. The name of the limited liability or	ompany is: STATE OF IDAHO
	BNB BLINDS LLC
•	ddresses of the initial designated/principal office:
(Street Address)	SIDE DR BERN IDAHO 83220
(Mailing Address, # different than street address)	
<ol><li>The name and complete street ad</li></ol>	dress of the registered agent:
PARNDI N. KUNZ	112 HILLSIDE DE. BERN 1D 8322 (Street Address)
l. The name and address of at least company:	one member or manager of the limited liability
<u>Name</u>	Address
BROOK N BOLMEN	60 HOLIDAY DR Bern ID 83220
BRANDI N KUNZ	112 HILLSIDE DR
5. Mailing address for future correspondent	ondence (annual report notices): SIDE DR BERN IDAHO 83220
6. Future effective date of filing (option	onal):
Signature of organizer(s). (An organizer is cting in behalf of a member or members)/	s a member, or is Secretary of State use only
signature Signature	
yped Name: BROOK N BOLIM	That Secretary of STATE
Signature Shaudi 19	Take a manual a manua
Typed Name:BRANDI N KUN	2 08/22/2008 05:01

08/22/2008 05:00 CK: 3495 CT: 229057 BH: 1132693 1 @ 100.00 = 108.00 ORGAN LLC # 2