

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

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SECT	BY OF STAT
	OF IDAHO

The	e name of the limited liability co	ompany is: STATE OF IDA
	SI	harp Stitch Studio, LLC
	e complete street and mailing a 8 Washington Street, Montpelier, Idal	ddresses of the initial designated/principal office:
(Str	eet Address)	
(Ma	ailing Address, if different than street address)	
The	name and complete street add	dress of the registered agent:
Ja	nalee Sharp	868 Washington Street, Montpelier, Idaho, 83254
(Na	me)	(Street Address)
con	npany: <u>Name</u>	one member or manager of the limited liability Address
Ja	nalee E. Sharp	868 Washington Street, Montpelier, Idaho, 83254
Ja	red S. Sharp	868 Washington Street, Montpelier, Idaho, 83254
_		
 Mai	iling address for future correspo	ondence (annual report notices):
86	8 Washington Street, Montpelier, Ida	ho, 83254
Fut	ure effective date of filing (option	onal):
gnatu erson.	ure of a manager, member o	or authorized
ignatu	re Janalee 2	Secretary of State use only
yped I	Name: Janalee E. Sharp, Manager	

cert_org_lic Rev. 07/2010

Signature _____

Typed Name:

W101346