## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY 19 AM 9: 34

From: 2084547256

	(Instructions on ba	ck of application)	STATE OF IDAHO	
1.	The name of the limited liability o	ompany is:		
	Car	roll Family Shaved Ice Li	.c	
2.	The complete street and mailing a	addresses of the inition Hullen Pl. Star, Idaho 8	<del>-</del>	
	(Street Address)			
	(Mailing Address, if different than street address	)		
3.	The name and complete street address of the registered agent:			
	Carrie Carrolt	474 N. H	ullen Pl Star, Idaho 83669	
	(Name)	(Street Address)		
	The name and address of at least one member or manager of the limited liability company:			
	Name		Address	
	Carrie Carroll	474 N. Hullen Pl Star, Idaho 83669		
<b>5</b> . ‡	Mailing address for future corresp	ondence (annual rep Hullen Pl. Star, Idaho 83	•	
<b>6</b> . I	-uture effective date of filing (optional):			
_	<b>ature of organizer(s).</b> (An organizer is g in behalf of a member or members).	s a member, or is	Secretary of State use only	
Slan	atura Carrie Carralo	QMA'3	SOCIETION AND CHRIST POOR CHRIS	
	ed Name: Carrie Carroll	Be lead of the lea		
Sign	ature	phoenskill C terration	IDAHO SECRETARY OF STAT	
	od Name:	Partents Ravison	CX: 243713 CT: 172899 BH: 1 1 8 188.86 = 188.86 ORGAN I	