

## CERTIFICATE OF ORGANIZATION FILED EFFECTIVE

(Instructions on back of application)

SECRETARY OF O

	TE OF DAILS
1. The name of the limited liability company is:	TE OF IDAHO"
Stitches + Petals LLC	
2. The complete street and mailing addresses of the initial designated/prin	ncipal office:
872 Troy Road Suite 120	Moscow ID
(Street Address)	83843
(Mailing Address, if different than street address)	034.0
3. The name and complete street address of the registered agent:	
Samuel N. Scharnhorst 1861 Little Bear R (Name) Troy, ID8387	lidge
4. The name and address of at least one member or manager of the limite company:	ed liability
Name Address	<b>-</b>
Karen S. Scharnhorst 1861 Little Bear Ridge	, Iray.ID 83871
	<u> </u>
5. Mailing address for future correspondence (annual report notices):	<b>7</b>
Samuel + Karen Scharnhorst 1861 Little Bi Troy, ID 8387	our kinge
6. Future effective date of filing (optional):	
Signature of organizer(s). (An organizer is a member, or is acting in behalf of a member or members).	
acting in behalf of a member of members).  Secretary of S	tate use only
Signature Samuel U Schaenhard	
Typed Name: Samuel N. ScharnhorsT	સં
Signature Labour & Schall who harat 95 95/1	0 SECRETARY OF STATE 9/2018 05:08
Typed Name: Various C. Caharishanet 18 199.9	8 = 188.90 DRGAN LLC # 2