



CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

(Instructions on back of application)

09 FEB 23 AM 9:28

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

L.T'S CAFE LLC

2. The complete street and mailing addresses of the initial designated/principal office:

316 W LACROSSE AVE CDA ID 83814
(Street Address)

P.O. Box 3636 CDA ID 83814
(Mailing Address, if different than street address)

3. The name and complete street address of the registered agent:

LORN JONES
(Name)

316 W LACROSSE AVE.
(Street Address)

4. The name and address of at least one member or manager of the limited liability company:

Name	Address
<u>LORN JONES</u>	<u>316 W LACROSSE AVE. CDA ID 83814</u>
_____	_____
_____	_____
_____	_____

5. Mailing address for future correspondence (annual report notices):

SAME AS ABOVE

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).

Signature [Signature]

Typed Name: LORN JONES

Signature _____

Typed Name: _____

Secretary of State use only

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IDAHO SECRETARY OF STATE
02/23/2009 05:00
CK: 2301003605 CT: 234350 BH: 1157989
1 @ 100.00 = 100.00 ORGAM LLC # 2
1 @ 20.00 = 20.00 EXPEDITE C # 3

WB1631