

Capacity:

ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

07 MAY -4 PM 1: 12

(Instructions on back of application)

FILED EFFECTIVE

| (*** | SECRETARY OF STATE |
|--|---|
| . The name of the limited liability com | pany is: STATE OF IDAHO |
| HAZELS CAKE FOR ANY OCCAS | SIONS LLC |
| The street address of the initial regis | stered office is: |
| 415 N WARDWELL, EMMETT, | |
| and the name of the initial registered | |
| HAZEL L GORINO | |
| | anondence is: |
| 3. The mailing address for future corre | |
| PO BOX 1053 EMMETT ID 8361 | |
| 4. Management of the limited liability of | |
| Manager(s) | (please check the appropriate box) |
| | ne or more manager(s), list the name(s) and nanager. If management is to be vested in the didress(es) of at least one initial member. |
| Name | Address |
| HAZEL L GORINO | 415 N WARDWELL EMMETT, ID 83617 |
| LARRY M GORINO | 415 N WARDWELL EMMETT, ID 83617 |
| LARRY IN COUNTY | |
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| | |
| | |
| 6 Signature of at least one person p | esponsible for forming the limited liability company: |
| Signature: June Signature | Secretary of State use only |
| Typed Name: HAZEL L GORINO | |
| Capacity: MEMBER | IDAHO SECRETARY OF STATE 05/04/2007 05:0 05/04/2008 PM: 19517 |
| | MAN WA WE S 1 8 100.86 = 108.89 ORGAN LLC |
| Signature / ////////////////////////////////// | ////////////////////////////////////// |
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