FILED EFFECTIVE

25



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2011 JUL 22 AM 1: 04

SECRETARY OF LIATE. STATE OF IDAHO

	O I MILE	רטי יט
1. The name of the limited liability cor	npany is:	
Hea	ling Celebrations, LLC	
2. The complete street and mailing ad 520 Pine Street, Sandpoint, ID, 83864 (Street Address)	dresses of the initial designated/principal office:	 -
<u> </u>		_
(Mailing Address, if different than street address)	*	
The name and complete street add	ress of the registered agent:	
Alena Horowitz	229 Gypsy Bay Road, Sagle, ID 83864	
(Name)	(Street Address)	
The name and address of at least of company:	one member or manager of the limited liability	
Name	<u>Address</u>	
Jackie Lindenbach	229 Gypsy Bay Road, Sagle, ID 83860	
		_
	*	
		- 1
		_
•		
5. Mailing address for future correspondance 520 Pine Street, Sandpoint, ID 83864	ndence (annual report notices):	
6. Future effective date of filing (option	nal):	-
Signature of a manager, member or	authőrized	
person.	Secretary of State use only	
	uh	
Typed Name: Jackie Lindenbach	· · · · · ·	
Signature		
Typed Name:		

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IDAHO SECRETARY OF STATE

07/22/2011 05 = 00

CK: 737591 CT: 172099 BH: 1283569

1 8 100.06 = 100.08 ORGAN LLC # 2

1 8 20.08 = 26.00 EXPEDITE C # 3

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