



Revised 12/2018

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

## -FILED-

|   |   |   |   | <b>BNSN5-9</b>    |
|---|---|---|---|-------------------|
| THE   | LIMITED LI Title 30, Chapters   | ATE OF ORGANIZATION ABILITY COMPANY 21 and 25, Idaho Code 0.00 + \$20.00 for manual processing (form mu | For Office Use Only  -FILED-  File #: 0005290976  Date Filed: 6/16/2023 10:22:00 AM  ust be typed). | 177 NS/1          |
| 1.  | The name of the limited liability company is:  Primrose Interiors, LLC  (Remember to include the words "Limited Liability Company," "Limited Company, "or the abbreviations L.L.C., LLC, or LC) |   |   | E/2023 .1         |
| 2.  | The complete street and mailing addresses of the principal office is:  4442 Zona Circle, Idaho Falls, ID 83401  (Street Address)  |   |   | 0:22 AM F         |
| 3.  | (Mailing Address, if different)  The name and complete street address of the registered agent:  |   |   | Receiv            |
|   | Carmen Gibb   | 4442 Zona Circle, Idah  | o Falls, ID 83401   | C<br>D            |
|   | (Name)  | (Address)   |   | Ď.                |
| 4.  | The name and address of at least one governor of the limited liability company:   |   |   | Ç                 |
|   | Carmen Gibb 4442 Zona Circle, Idaho Falls, ID 83401   |   |   |                   |
|   | (Name)  | (Address)   |   | Ç                 |
|   |   |   | <b>.</b>  | <b>-</b> h        |
|   |   |   |   | Ũ                 |
|   | (Name)  | (Address)   |   | -                 |
|   |   |   |   | <b>0</b>          |
|   | (Name)  | (Address)   |   | .+                |
|   | (Haine)   | (1001033)   |   | # 1               |
|   |   |   |   |                   |
|   | (Name) (Address)  |   |   | Ţ                 |
| 5.  | Mailing address for future correspondence (annual report notices):  |   |   | daho              |
|   |   |   |   |                   |
|   | 4442 Zona Circle, Idaho Falls, ID 83401  (Mailing Address)  |   |   | 72<br>D           |
|   | (   |   |   |                   |
| Sign  | ature of organizer(s).  |   | 9   | Ď                 |
| Printed Name: Carmen C. Gibb  Secretary of State use only |   |   |   | cretary           |
| Sign  | ature: / /  |   | •   | 0<br><del>1</del> |
| Printed Name:   |   |   |   | State             |
| Signature:  |   |   |   | D                 |