

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

## FILED EFFECTIVE

200	(Instructions on back of application) 2010 MAY - 3 AM	8:58	
1	1. The name of the limited liability company is:  SECRETARY OF S STATE OF IDAH	IATE IO	
••	Carol's Enterprises, LLC	10	
2.	The complete street and mailing addresses of the initial designated/principal office:  4154 Pine Crest Drive, Island Park Id 83429		
	(Street Address) P.O. Box 255 Island Park, Icl 83429 (Mailing Address, If different than street address)		
3. The name and complete street address of the registered agent:		•	
	LOIS C. Mason 4154 Pine Crest DR 13/0 (Street Address)	<u>ınd Park</u> 1d 8342	
4.	The name and address of at least one member or manager of the limited liability company:		
	Lois C. Mason Pabox 255 Island Park, L	d 83429	
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		<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>	
		<del></del>	
5.	, , , , , , , , , , , , , , , , , , , ,		
	P.O. Box 255 Island Park Id 83429		
6.	6. Future effective date of filing (optional):	<del></del>	
_	ignature of a manager, member or authorized		
	erson.  Secretary of State use of	aly	
	yped Name: Lois Carol Mason		
урс	yped Name: Lois Corol Wason		
_	ignature	<b>95:00</b>	
ype	yped Name: CK: 4495 CT: 247611 B	H: 1220432 GAN LLC # 3	

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