CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

2012 JUN -5 AM 8: 49

FILED EFFECTIVE

(Instructions on back of application)

The name of the limit	ed liability company is:	SECRE BY OF STATE STATE OF IDAHO
	Susies' Shaved Ice	
2. The complete street a 24047 Batt Corner Rd., P	nd mailing addresses of the inition	al designated office:
(Mailing Address, if different the	an street address)	
	ete street address of the register	ed agent:
Susan Hansen (Name)	24047 Batt Corner F (Street Address)	Rd. Parma, ID 83660
The name and addres company:	s of at least one member or mar	nager of the limited liability
<u>Name</u>	- · - · - · - •	Address
Susan Hansen	24047 Batt Corner F	Rd. Parma, ID 83660
 Mailing address for full 24047 Batt Comer Rd. Pa 	ture correspondence (annual rep arma, ID 83660	port notices):
6. Future effective date of	of filing (optional):	
Signature of a manager person.	member or authorized	
	Man	Secretary of State use only
Signature MSelle	NOTCHE	
Typed Name: Susan Hanse	<u>'n</u>	
Signature		IDAHO SECRETARY OF STATE 06/05/2012 05:00
Tuned Neme:		CK: 3838 CT: 271120 BH: 1326929 1 0 100.00 = 100.00 ORGAN LLC #

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Typed Name: _____