



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

09 OCT 21 PM 1:09

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

The Limbs LLC.

2. The complete street and mailing addresses of the initial designated/principal office:

12546 Deadwood Ct. Nampa Id. 83651

(Street Address)

(Mailing Address, if different than street address)

3. The name and complete street address of the registered agent:

Devin Limb

(Name)

12546 Deadwood Ct. Nampa Id. 83651

(Street Address)

4. The name and address of at least one member or manager of the limited liability company:

Name

Address

Devin Limb

12546 Deadwood Ct. Nampa Id. 83651

5. Mailing address for future correspondence (annual report notices):

12546 Deadwood Ct. Nampa Id. 83651

6. Future effective date of filing (optional): _____

Signature of organizer(s). (An organizer is a member, or is acting in behalf of a member or members).

Signature Devin L. Limb

Typed Name: Devin Limb

Signature _____

Typed Name: _____

Secretary of State use only

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Revised 07/2008

IDAHO SECRETARY OF STATE
10/21/2009 05:00
CK: 324690 CT: 172899 BH: 1192003
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