

FILED EFFECTIVE



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

11 APR 11 PM 12:40

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Lucky Lil One LLC

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

~~1010 St Elias Ct~~ 1010 E. St Elias Ct. Post Falls,
(Street Address)

ID. 83854
(Mailing Address, if different than street address)

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

Juliet Lafrenz
(Name)

1010 E. St Elias Ct. Post Falls ID. 83854
(Street Address)

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

Name	Address
<u>Juliet Lafrenz</u>	<u>1010 E. St Elias Ct. Post Falls ID. 83854</u>
_____	_____
_____	_____
_____	_____
_____	_____

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

1010 E. St. Elias Ct. Post Falls ID. 83854

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

Signature of a manager, member or authorized person.

Signature [Signature]
Typed Name: Juliet Lafrenz

Signature _____
Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
04/11/2011 05:00
CK: 313 CT: 257584 BH: 1268635
1 @ 100.00 = 100.00 ORGAN LLC # 2

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