



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE
2014 FEB 27 AM 9:07

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Moto Mama LLC

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

5566 W 49TH N

(Street Address)

Idaho Falls, ID 83402

(Mailing Address, if different than street address)

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

Stacy Summers

(Name)

5566 W 49TH N Idaho Falls, ID 83402

(Street Address)

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

Name

Address

Stacy Summers

5566 W 49TH N Idaho Falls, ID 83402

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

5566 W 49TH N Idaho Falls, ID 83402

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

Signature of a manager, member or authorized person.

Signature

Stacy Summers

Typed Name: Stacy Summers

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
02/27/2014 05:00
CK: 1105 CT: 293508 BH: 1412538
1 @ 100.00 = 100.00 ORGAN LLC # 2

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