

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY FILED EFFECTIVE

(Instructions on back of application)

2014 APR 21 AM 9: 53

| . The name of the limited liability | company is: | SECRETARY OF STATE | |
|--|-------------------------------|---|--|
| TRI POD PRODUCTIONS LLC | | STATE OF IDAHO | |
| 2. The complete street and mailing 3638 S 650 W (Street Address) VICTOR, ID 83455 | | | |
| (Mailing Address, if different than street addre | • | | |
| The name and complete street a | address of the regi | stered agent: | |
| JULIE BREAUX-LaROSE (Name) | 3638 S 650 W VICTOR, ID 83455 | | |
| | (Street Address) | | |
| I. The name and address of at least company: Name | | Address | |
| T. Lane LaRose | 3638 S 650 W VICTOR, ID 83455 | | |
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| 5. Mailing address for future corres 3638 S 650 W VICTOR, ID 83455 | pondence (annual | report notices): | |
| | | | |
| 6. Future effective date of filing (opt | tional): | | |
| 3 (3) | | | |
| Signature of a manager, member person. | or authorized | | |
| | \mathcal{I} | Secretary of State use only | |
| Signature The Jay | los- | 1DAHO SECRETARY OF STATE 04/21/2014 05:00 | |
| yped Name Julie Breaux-LaRose | | CK:1829228 CT:172099 BH:14 | |
| Niamatura 11 L | | 1@ 100.00 = 100.00 ORGAN 1 | |
| Signature 1. L | | w 1369 <i>3</i> 8 | |

Typed Name: T. Lane LaRose