

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

10 NOV 12 AM 11:43

(Instructions on back of application)

STATE OF IDAMA

 The name of the limited liability company is: 	STATE OF IDAHO
- Intermountain Topics 1	16
2. The complete street and mailing addresses of the	ne initial designated/principal office:
(Street Address)	Ave
(Mailing Address, if different than street address)	
3. The name and complete street address of the re	egistered agent:
(Name) Robert McCurry 2720 (Street Address	egistered agent: H. E. Pennsylvania Nampa, Ld pr. manager of the limited liability. 83686
 The name and address of at least one member of company: 	or manager of the limited liability
Name	Address
Robert McCurdy 2724	E. Pennsylvania nue.
5. Mailing address for future correspondence (annua	al report notices):
BAME as (4)	in report notices).
6. Future effective data of filling (
6. Future effective date of filing (optional):	
Signature of a manager, member or authorized person.	
	Secretary of State use only
Signature	or class day only
Typed Name: Rober + mcCurdy	
Signature	IDAHO SECRETARY OF STATE
Typed Name:	11/12/2010 05:00 CK: 547888 CT: 172899 BH: 1246915 1 @ 180.00 = 180.00 ORGAN LLC # 2

cert_org_lfc Rev. 07/2010

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