



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

2015 JAN 28 AM 8:56

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

Vickers Entertainment, LLC

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

529 S Valley Dr.

(Street Address)

Nampa, Idaho 83686

(Mailing Address, if different than street address)

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

Steven Vickers

(Name)

529 S Valley Dr.

(Street Address)

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

**Name**

**Address**

Steven Vickers

529 S Valley Dr. Nampa, Idaho 83686

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

529 S Valley Dr. Nampa, Idaho 83686

6. Future effective date of filing (optional): \_\_\_\_\_

Signature of a manager, member or authorized person.

Signature \_\_\_\_\_

Typed Name: Steven Vickers

Signature \_\_\_\_\_

Typed Name: \_\_\_\_\_

Secretary of State use only

IDAHO SECRETARY OF STATE

01/28/2015 05:00

CK:7404 CT:305699 BH:1459102

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