







## STATE OF IDAHO Office of the secretary of state, Phil McGrane CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

Idaho Secretary of State PO Box 83720 Boise, ID 83720-0080 (208) 334-2301 Filing Fee: \$100.00 For Office Use Only

-FILED-

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| Certificate of Organization Limited Liability Company<br>Select one: Standard, Expedited or Sam<br>descriptions below) | e Day Service (see                            | Standard (filing fee \$100)                   |             |
|--|---|---|-------------|
| 1. Limited Liability Company Name  |   |   |             |
| Type of Limited Liability Company  |   | Limited Liability Company                     |             |
| Entity name  |   | MaxwellCainCreative LLC                       |             |
| 2. The complete street address of the principal office Principal Office Address  | is:   | 5296 NORTH CHOPIN PLACE<br>MERIDIAN, ID 83646 |             |
| 3. The mailing address of the principal office is:   |   |   |             |
| Mailing Address  |   | 5296 N CHOPIN PL<br>MERIDIAN, ID 83646-5258   |             |
| 4. Registered Agent Name and Address   |   |   |             |
| Registered Agent   |   | Registered Agent                              |             |
|  |   | Maxwell M Cain Physical Address:              |             |
|  |   | 5296 NORTH CHOPIN PLACE                       |             |
|  |   | MERIDIAN, ID 83646                            |             |
|  |   | Mailing Address:                              |             |
|  |   | 5296 N CHOPIN PL<br>MERIDIAN, ID 83646-5258   |             |
| I affirm that the registered agent app  5. Governors   | ointed has consented                          | to serve as registered agent for the          | nis entity. |
| Name   | Address                                       |   |             |
| Maxwell M Cain   | 5296 NORTH CHOPIN PLACE<br>MERIDIAN, ID 83646 |   |             |
| Signature of Organizer:  |   |   |             |
| Maxwell Mark Cain  |   | 0   | 7/06/2023   |
| Sign Here  |   | D   | ate         |