



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

11 MAR -7 PM 1:02

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Amusement Wholesale LLC

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

2224 Dunyon St, Eagle, Id. 83616
(Street Address)

P.O. Box 7673 Boise, Id. 83707
(Mailing Address, if different than street address)

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

Lane Wilkins
(Name)

2224 Dunyon St, Eagle, Id. 83616
(Street Address)

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

Lori Wilkins
(Name)

2224 Dunyon St, Eagle, Id. 83616
(Address)

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

P.O. Box 7673 Boise, Id. 83707

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

Signature of organizer(s). (An organizer is a member, or is acting in behalf of a member or members).

Signature Lane Wilkins
Typed Name: Lane Wilkins

Signature _____
Typed Name: _____

Secretary of State use only

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Revised 07/2008

IDAHO SECRETARY OF STATE
03/07/2011 05:00
CK: 3635 CT: 192807 BH: 1263824
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