



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2012 NOV 29 AM 9:07

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

SparrowBleu Photography LLC

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

1915 N. Foxglove Ln, Post Falls, Idaho 83854

(Street Address)

(Mailing Address, if different than street address)

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

Levi Thomason

(Name)

1915 N Foxglove Ln, Post Falls, Idaho 83854

(Street Address)

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

Name

Address

Jerica Thomason

1915 N Foxglove Ln, Post Falls, Idaho 83854

Levi Thomason

1915 N Foxglove Ln, Post Falls, Idaho 83854

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

1915 N Foxglove Ln, Post Falls, Idaho 83854

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

Signature of a manager, member or authorized person.

Signature

Typed Name: Jerica Thomason

Signature

Typed Name: Levi Thomason

Secretary of State use only

IDAHO SECRETARY OF STATE
11/29/2012 05:00
CK: 1023 CT: 276672 BH: 1349257
1 @ 100.00 = 100.00 ORGAN LLC # 2

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