

CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

(Instructions on back of application)

2014 OCT -2 AM 9: 15

(motidations on pack t	i i
1. The name of the limited liability comp	pany is: SECRETARY OF STATE STATE OF IDARIO
Bubble Ball So	
2. The complete street and mailing addresses of the initial designated office:	
4795 N. Summit	way #130
(Street Address)	, 83646
The name and complete street address of the registered agent:	
Elizabeth Pilling	4795 N. Sommit way # BO, mecidian (Street Address) 1D, 83644
(Name)	(Street Address) ID, 83644
The name and address of at least on company:	e member or manager of the limited liability
Name	Address
Elizabeth Pilling	4795 N. Summit way #130, Mecidian, 10, 83646
Mailing address for future correspond	dence (annual report notices):
	e, Meridian, 10., 93646
	30.
6. Future effective date of filing (optional	l):
Signature of a manager, member or a	authorized
person.	Secretary of State use only
Signature Elizabeth This	1DAHO SECRETARY OF STATE 10/02/2014 05:00
Typed Name: Elizabeth Pillin	CK:3741 CT:295673 BH:1443750 16 100.00 = 100.00 ORGAN LLC #2
Signature	WW2851

Typed Name: __