| /instructions on l   | ILITY COMPANY 09 AUG 17 AM 8: 32   |
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| ·  | back of application)<br>secretary OF STATE<br>STATE OF IDAHO                       |
| 1. The name of the limited liability   | G G  |
|  | DOC Talk Media, LLC  |
| •  | g addresses of the initial designated/principal office:                            |
| (Street Address)   | n Avenue, Suite 1, Post Falls, idaho 83854   |
| (Mailing Address, if different than street addr  | A\$\$)   |
| · •  | address of the registered agent:   |
|  |  |
| Kristy Brillhart   | 5785 E. Shoreline Drive, Post Falls, Idaho 83854                                   |
| (Name)   | (Street Address)   |
| 4. The name and address of at lea<br>company:  | ast one member or manager of the limited liability                                 |
| <u>Name</u><br>Paul Brillhart  | Address<br>5785 E. Shoreline Drive, Post Falls, Idaho 83854                        |
| Kristy Brillhart   | 5785 E. Shoreline Drive, Post Falls, Idaho 83854                                   |
| Frank Peretti  | P.O. Box 250, Kingston, Idaho 83839  |
| Barbara Peretti  | P.O. Box 250, Kingston, Idaho 83839  |
|  | · · · ·  |
|  |  |
|  |  |
|  | espondence (annual report notices):<br>on Avenue, Suite 1, Post Falls, Idaho 83854 |
| 1110 E. Polsto   | on Avenue, Suite 1, Post Falls, Idaho 83854  |
|  | on Avenue, Suite 1, Post Falls, Idaho 83854  |
| 1110 E. Poisto<br>6. Future effective date of filing (o<br>Signature of organizer(s). (An organizer  | on Avenue, Suite 1, Post Falls, Idaho 83854 ptional): er is a member, or is        |
| 1110 E. Poisto<br>6. Future effective date of filing (o<br>Signature of organizer(s). (An organizer  | on Avenue, Suite 1, Post Falls, Idaho 83854 ptional): er is a member, or is        |
| 6. Future effective date of filing (o<br>Signature of organizer(s). (An organizer<br>acting in behalf of a member or members)  | on Avenue, Suite 1, Post Falls, Idaho 83854 ptional): er is a member, or is        |
| 1110 E. Poiston         6. Future effective date of filing (or         Signature of organizer(s). (An organized acting in behalf of a member or members)         Signature         Signature | er is a member, or is   Secretary of State use only                                |
| 1110 E. Polsto   | on Avenue, Suite 1, Post Falls, Idaho 83854 ptional): er is a member, or is        |