	OF ORGANIZATIO	
(Instructions	on back of application)	2015 JAN 22 AM 9= 21
1. The name of the limited lia	1. The name of the limited liability company is:	
Muvit LLC	• • •	
2. The complete street and ma 12333 W Havencrest Dr, Star, (Street Address)	•	esignated office:
(Mailing Address, if different than stree	rt address)	
3. The name and complete st	reet address of the registered a	agent:
Thayne Boren	12333 W Havencrest Dr, Star, ID, 83669	
(Name)	(Street Address)	
company: <u>Name</u> Gregory Scharer	Address 6518 1/2 N Vista St, San Gabriel, CA 91775	
Thayne Boren	12333 W Havencrest DF	R, Star, ID, 83669
•	correspondence (annual report	notices):
6. Future effective date of filin	ng (optional):	
Signature of a manager, me person.	mber or authorized	
		Secretary of State use only
Signature <u>Greg Scharer</u> Typed Name: <u>Greg Scharer</u> Signature <u>Mumu</u> Typed Name: <u>Thayne Boren</u>		IDAHO SECRETARY OF STATE 01/22/2015 05:00 K:1570 CT:305474 BH:145819 100.00 = 100.00 ORGAN LLC
	cert org lkc Rev. 07/2010	W146839