



CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

(Instructions on back of application)

2015 MAR 12 AM 9:10
SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

IlluminArt Studios LLC

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

5145 Heyrend Drive, Idaho Falls, ID 83402

(Street Address)

(Mailing Address, if different than street address)

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

Jasson Hoskins

(Name)

5145 Heyrend Drive, Idaho Falls, ID 83402

(Street Address)

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

Name

Address

Jasson Hoskins

5145 Heyrend Drive, Idaho Falls, ID 83402

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

5145 Heyrend Drive, Idaho Falls, ID 83402

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

Signature of a manager, member or authorized person.

Signature

Typed Name: Jasson Hoskins

Signature

Typed Name:

Secretary of State use only
IDAHO SECRETARY OF STATE

03/12/2015 05:00

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