

## **CERTIFICATE OF ORGANIZATION** LIMITED LIABILITY COMPANY

(Instructions on back of application)

08 DEC -3 AM 8: 33

SECRETARY OF STATE

The name of the limited liability comp	ipany is: STATE OF IDAM
MOVI	'IN' UP DANCE, LLC
The complete street address, and ma principal office:	ailing address if different, of the initial designated/
789 E 700	00 N FIRTH, ID 83236
The name of the commercial registere address of the non-commercial regist	red agent; or the name and complete street stered agent:
JOY L ESPLIN	789 E 700 N FIRTH, ID 83236
company:	ne member or manager of the limited liability
Name	Address
JOY ESPLIN	789 E 700 N FIRTH, ID 83236
BRITTNEE DYE	658 N 700 E FIRTH, ID 83236
Mailing address for future correspond 789 E 70	dence (annual report notices): 00 N FIRTH, ID 83236
Future effective date of filing (optional	al):
gnature of an organizer(s). (An organizer is acting in behalf of a required, and existing, in	
members).	Secretary of State use only
gnature lous Explin	<b>5</b>
ped Name: O D JOY L. ESPLIN	IMHO SECRETARY OF STATE  12/03/2008 05:0  CK: 1541 CT: 231929 BH: 1146  CK: 1540 CT: 231929 BH: 1146
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BRITTNEE DYE

Typed Name: