



**CERTIFICATE OF ORGANIZATION
LIMITED LIABILITY COMPANY**

(Instructions on back of application)

~~FILED EFFECTIVE~~

2014 MAR 19 AM 9:16

SECRETARY OF STATE
STATE OF IDAHO

- 1. The name of the limited liability company is:**

Whiplash Effects LLC

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

2511 W. Timberlake lp.

(Street Address)

Coeur D Alene, Idaho 83815

(Mailing Address, if different than street address)

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

Carissa Meehan-Farrister 2511 W. Timberlake 1p

(Name)

(Street Address)

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

Name _____

Address

Name	Address
Carissa Meehan-Farriester	2511 W. Timberlake 1p. CDA ID 83815

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

2511 W. Timberlake Ip. Coeur D. Alene, IDA Ho 83815

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

Signature of a manager, member or authorized person.

Signature

Typed Name: Carissa Meehan-Farriester

Signature

Typed Name:

Secretary of State use only

W135698

IDAHO SECRETARY OF STATE
03/19/2014 05:00
CK: 1002 CT: 290609 BH: 1416017
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