		OF ORGANIZATION
	LIMITED LIA	ABILITY COMPANY JUN 13 HIL 9: 35
	78/	on back of application)
		SECRETARY OF STALE
	he name of the limited lial	
	4 Visual Communication LLC	
2. T	The complete street and mailing addresses of the initial designated office:	
	501 E Avenue D	
	(Street Address) Jerome, Id 83338	
	(Mailing Address, if different than street	t address)
3. T	he name and complete str	reet address of the registered agent:
	Norberto Herrera	501 E Avenue D Jerome, Id 83338
	(Name)	(Street Address)
	he name and address of a ompany:	at least one member or manager of the limited liability
	<u>Name</u>	Address
	Norberto Herrera	501 E Avenue D Jerome, Id 83338
	· · ·	
-		
5. N	lailing address for future c	orrespondence (annual report notices):
	501 E Avenue D Jerome, Id 833	
6. F	uture effective date of filing	g (optional):
	ature of a manager, men	nber or authorized
berso	n.	Secretary of State use only
Signa	ture_Nonalh	
	Name: Norberto	IDANO SECRETARY OF STATE
		CK:23047809 CT:297946 BH:14
Signa	ture	100.00 = 100.00 ORGAN LI
-	ture	
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