

251



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

Title 30, Chapters 21 and 25, Idaho Code

Filing fee: \$100 typed, \$120 not typed

Complete and submit the application in duplicate.

FILED EFFECTIVE
2018 JAN -8 PM 4:10
SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

SHADOW PERSPECTIVE LLC

(Remember to include the words "Limited Liability Company," "Limited Company," or the abbreviations L.L.C., LLC, or LC)

2. The complete street and mailing addresses of the principal office is:

16432 N MIDLAND BLVD # 216, NAMPA, IDAHO 83687

(Street Address)

(Mailing Address, if different)

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

LEGALINC CORPORATE SERVICES INC.

800 W. MAIN ST., SUITE 1460, BOISE, ID 83702

(Name)

(Address cannot be a post office box or postal mail box.)

4. The name and address of at least one governor of the limited liability company:

CHRISTOPHER KLIMAS

16432 N MIDLAND BLVD # 216, NAMPA, IDAHO 83687

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

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

800 W. MAIN ST., , SUITE 1460, BOISE, ID 83702

(Address)

Signature of organizer(s).

Signature: Marsha Siha

Printed Name: MARSHA SIHA

Signature: _____

Printed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

01/08/2018 05:00

CK:16107072 CT:172099 BH:1620008

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