



CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

(Instructions on back of application)

2013 OCT 16 AM 9:06

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

BLUE ROOM STUDIO LLC

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

10241 N. PINTO LN. HAYDEN, ID 83835

(Street Address)

(Mailing Address, if different than street address)

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

JOSH LOPER

(Name)

10241 N. PINTO LN. HAYDEN, ID 83835

(Street Address)

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

<u>Name</u>	<u>Address</u>
<u>MEGAN LOPER</u>	<u>10241 N. PINTO LN. HAYDEN, ID 83835</u>
_____	_____
_____	_____
_____	_____
_____	_____

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

10241 N. PINTO LN. HAYDEN, ID 83835

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

Signature of a manager, member or authorized person.

Signature Megan Loper
Typed Name: MEGAN LOPER

Signature _____
Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
10/16/2013 05:00
CK: 2001 CT: 200560 BH: 1394836
1 @ 100.00 = 100.00 ORGAN LLC # 2
1 @ 20.00 = 20.00 EXPEDITE C # 3

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