



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

Title 30, Chapters 21 and 25, Idaho Code

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

Complete and submit the application in duplicate.

APR -5 PM 4:27
SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Cloud 9 Marketing 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:

1131 N Harlequin Dr, Post Falls, ID 83854

(Street Address)

(Mailing Address, if different)

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

Ronnie Watson

1131 N Harlequin Dr, Post Falls, ID 83854

(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:

Ronnie Watson

1131 N Harlequin Dr, Post Falls, ID 83854

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

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

1131 N Harlequin Dr, Post Falls, ID 83854

(Address)

Signature of organizer(s).

Signature: Ronnie Watson

Printed Name: Ronnie Watson

Signature: _____

Printed Name: _____

Secretary of State use only

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04/06/2016 05:00

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