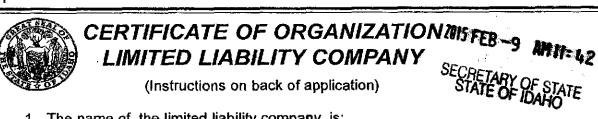
FILED EFFECTIVE



	(Instructions on back	k of application) STATE OF STATE
1. The na	me of the limited liability cor	••••
	Ever	ryone Has Stories, LLC
2. The co	mplete street and mailing ad	ddresses of the initial designated/principal office:
	11143 W. Chadford Ave., Nampa, Idaho 83651	
(Street A		
(Mailing)	Address, if different than street address)	
3. The na	me and complete street add	lress of the registered agent:
	·	
	States Corporation Agents, Inc.	950 Bannock Street, Suite 1100, Bolse, ID 83702
(Name)		(Street Address)
4. The na compa		one member or manager of the limited liability
oon,pa	<u>Name</u>	Address
Lindsay	y Vedder	11143 W. Chadford Ave., Nampa, Idaho 83651
	to the second	server to the server of the se
5. Mailing	address for future correspon	ondence (annual report notices):
-	W. Chadford Ave., Nampa, Idaho	
 _		
6. Future	effective date of filing (option	onal):
_	of a manager, member or	r authorized
person.	\bigcap M Λ	Secretary of State use only
Signature	\mathcal{N}	
	ne: Cheyenne Moseley, Assistan	nt
•	Secretary, LegalZoom.com, I	Inc. Idaho secretary of state
Signature_		02/09/2015 05:00
Typed Nan		16 100.00 = 100.00 ORGAN L

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