



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

**FILED EFFECTIVE**

**2014 OCT 30 AM 8:46**

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

Mythic Adventure Publishing, LLC

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

700 Northwest Blvd., Coeur d'Alene, ID 83814

(Street Address)

P.O. Box 1938, Post Falls, ID 83854

(Mailing Address, if different than street address)

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

Ramsden & Lyons, LLP

(Name)

700 Northwest Blvd., Coeur d'Alene, ID 83814

(Street Address)

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

Name

Address

Toby Neighbors

P.O. Box 1938, Post Falls, ID 83854

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

P.O. Box 1938, Post Falls, ID 83854

6. Future effective date of filing (optional): \_\_\_\_\_

Signature of a manager, member or authorized person.

Signature

Typed Name: Terrance R. Harris

Signature

Typed Name: \_\_\_\_\_

Secretary of State use only

IDAHO SECRETARY OF STATE

**10/30/2014 05:00**

CK:2324868 CT:172099 BH:1447321

1@ 100.00 = 100.00 ORGAN LLC #2

1@ 20.00 = 20.00 EXPEDITE C #3

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