

## **CERTIFICATE OF ORGANIZATION** LIMITED LIABILITY COMPANY

(Instructions on back of application)

10 MAY 17 PM 1:08

SECRETARY OF STATE

<ol> <li>The name of the limited liability con</li> </ol>	npany is:	STATE OF IDAHO
Jack Arms	strong Media Services, LLC	
2. The complete street and mailing add	dresses of the initial design	ated/principal office:
3423 Shar	nrock Ave., Boise, ID 83713	
(Street Address)	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
(Mailing Address, if different than street address)		
3. The name and complete street addr	ess of the registered agent	
David Lee Armstrong	3423 Shamrock Ave.,	Boise, ID 83713
(Name)	(Street Address)	
<ol><li>The name and address of at least or company:</li></ol>	ne member or manager of t	he limited liability
Name	Addre	1
Patricia Lee Armstrong	3423 Shamrock Ave.,	Boise, ID 83713
	· · · · · · · · · · · · · · · · · · ·	
5. Mailing address for future correspon	dence (annual report notice	<b>le)</b> .
	nrock Ave., Boise, ID 83713	
	,	
6. Future effective date of filing (options	al):	
Э (ориси		
Signature of organizer(s). (An organizer is a	mombor orio	
acting in behalf of a member or members).	member, or is	
$\Delta I$		retary of State use only
Signature <u>faturis Il mistrone</u>	<u> </u>	
Typed Name: Patricia Lee Armstron	g \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	IDAMO SECRETARY OF RIGIE
	mmsULC formsteart_org_tc.PMD	85/17/2010 05:00
Signature	1 07/2	0 100.00 = 100.00 ORBON LLC 0 8
Typed Name:	wise w	