



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE
2013 JUN -5 PM 2:42

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Classic Pops LLC.

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

245 S Bruce Ln

(Street Address)

Boise ID, 83712

(Mailing Address, if different than street address)

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

Joshua Tirivepi

(Name)

(Street Address)

245 S Bruce Ln Boise ID 83712

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

Name Address

Joshua Tirivepi

245 S. Bruce Ln Boise ID 83712

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

245 S. Bruce Ln Boise ID 83712

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

Signature of a manager, member or authorized person.

Signature

Typed Name:

Joshua Tirivepi

Signature

Typed Name:

Francine Metelski

Secretary of State use only

IDAHO SECRETARY OF STATE
06/05/2013 05:00
CK: 1427869 CT: 172899 BH: 1376844
1 @ 100.00 = 100.00 ORGAN LLC # 2

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