

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Typed Name: \_\_\_\_\_Tom James

Typed Name:

Signature\_\_\_\_

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

08 JUL 22 AM II: 54

•	The manner of the Posts of the 1999			
. 1	he name of the limited liability co	ompany is:	SECRETARY OF STATE STATE OF IDAHO	
	5100' E	Elevation Entertainment, L.L.C		
. T	The complete street and mailing addresses of the initial designated/principal office: 657 Floyde Street , McCall, ID. 83638			
	(Street Address)	Box 2486, McCall, 1D 83638		
	(Mailing Address, if different than street address)	)		
. Т	The name and complete street address of the registered agent:			
	Tom James	657 Floyde Stre	eet, McCall, ID 83638	
•	(Name) (Street Address)			
C	ompany:	one member or manage		
C	ompany: <u>Name</u> Tom James		Address eet, McCall, ID 83638	
C	ompany: Name		\ddress	
	ompany: Name		\ddress	
-	ompany: Name		\ddress	
-	ompany: Name		\ddress	
-	ompany: Name		\ddress	
	Name Tom James	657 Floyde Stre	Address eet, McCall, ID 83638	
	Mame Tom James  ailing address for future correspo	657 Floyde Stre	Address eet, McCall, ID 83638	
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IDAHO SECRETARY OF STATE

07/22/2008 05:00

CK: 134485 CT: 172099 BH: 1128197

1 @ 188.80 = 188.88 ORGAN LLC # 2

Secretary of State use only

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