

CERTIFICATE OF ORGANIZATIONLED EFFECTIVE LIMITED LIABILITY COMPANY

11 APR 13 AM 8: 42

1	(instructions on back	or application)	
1.	The name of the limited liability con	•	SECHALL BY OF STATE STAIL OF IDAHO
	Laser Mai	nia Family Fun Center, LLC	10 0 mm
2.	The complete street and mailing addresses of the initial designated/principal office: 1201 Filer Avenue East, Twin Falls, ID 83301		
	(Street Address)		
	(Mailing Address, if different than street address)		
3.	The name and complete street address of the registered agent:		
	Rodney Waite	229 East 500 North, Jerome, ID, 83338	
	(Name)	(Street Address)	
4.	The name and address of at least one member or manager of the limited liability company:		
	<u>Name</u>	A	\ddress
	Rodney Waite	229 East 500 North, Jeroi	me, ID, 83338
	Edith Waite	229 East 500 North, Jeron	me, ID, 83338
	Jarett Waite	3687 Sagebrush Drive, Santa Clara, UT, 84765	
	Jenna Waite	3687 Sagebrush Drive, Santa Clara, UT, 84765	
5.	Mailing address for future correspondence (annual report notices):		
	1201 Filer Avenue East, Twin Falls, ID 83301		
6.	. Future effective date of filing (optional):		
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			Secretary of State use only

IDAHO SECRETARY OF STATE

04/13/2011 05:00

CK: 1999 CT: 257712 BH: 1268969
1 @ 100.00 = 100.00 ORGAN LLC # 2

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Signature Street Write

Signature_____

Typed Name: ____