

FILED EFFECTIVE



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

 2015 FEB 23 AM 9:56
 SECRETARY OF STATE
 STATE OF IDAHO

1. The name of the limited liability company is:

White Whiskers Studio LLC

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

928 Silver Birch Lane, Oldtown, ID 83822

(Street Address)

(Mailing Address, if different than street address)

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

Theresa Marie Perkins

(Name)

928 Silver Birch Ln, Oldtown, ID 83822

(Street Address)

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

Name**Address**
Theresa Marie Perkins
928 Silver Birch Ln, Oldtown, ID 83822

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

928 Silver Birch Ln, Oldtown, ID 83822

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

Signature of a manager, member or authorized person.

Signature

Theresa Marie Perkins

 Typed Name: Theresa Marie Perkins

Signature

Typed Name: _____

 Secretary of State use only
 IDAHO SECRETARY OF STATE

02/23/2015 05:00

CK:436 CT:306755 BH:1462984

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