

Signature_

Typed Name:

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE 10 APR -8 AM 8: 18

(Instructions on back of application)

SECRET

	SECHETARY OF STATE
The name of the limited liability	y company is: STATE OF IDAHO
	KDBS, LLC
The complete street and mailin	g addresses of the initial designated/principal office:
	riper View Ave. St. Anthony, ID 83445
(Street Address)	
(Mailing Address, If different than street add	ress)
The name and complete street	address of the registered agent:
Kayla Dee Forbush	510 Juniper View Ave. St. Anthony, ID 83445
(Name)	(Street Address)
The name and address of at leacompany:	ast one member or manager of the limited liability
<u>Name</u>	Address
Kayla Dee Forbush	510 Juniper View Ave. St. Anthony, ID 83445
Dirk Forbush	510 Juniper View Ave. St. Anthony, ID 83445
Mailing address for future corre	spondence (annual report notices):
	per View Ave. St. Anthony, ID 83445
Future effective date of filing (or	ptional):
ature of organizer(s). (An organize g in behalf of a member or members).	
h 1 1 7	Secretary of State use only
ature X Quelos /e/-	ales &
ed Name: Kayla Dee For	bush 5