

## **CERTIFICATE OF ORGANIZATION** LIMITED LIABILITY COMPANY 11 MAR 18 AM 8: 18

| ₹E A  | (Instructions on back or   | f application)                                     |  |
|-------|--|--|--|
| 1.    | The name of the limited liability comp   | eany is:   | SEGMA BY OF STA <b>TE</b><br>STATE OF <b>IDAHO</b> |
|       | Scre   | aming Eagle, LLC                                   |  |
| 2.    | The complete street and mailing addre  | esses of the initia                                | al designated/principal office:                    |
|       | 3215 Sunset  | Place Caldwell, ID 8                               | 33605  |
|       | (Street Address)   |  |  |
|       | (Mailing Address, if different than street address)                                      | *****  | ***************************************            |
| 3.    | The name and complete street address of the registered agent:                            |  |  |
|       | Dale Nielson   | 3215 Suns  | et Place Caldwell, ID 83605                        |
|       | (Name)   | (Street Address)                                   |  |
| 4.    | The name and address of at least one member or manager of the limited liability company: |  |  |
|       | <u>Name</u>  |  | Address  |
|       | Dale Nielson   | 3215 Sunset Place Caldwell, ID 83605               |  |
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| _     |  |  |  |
| 5.    | Mailing address for future corresponde   | •  | •  |
|       | 3215 Sunset  | Place Caldwell, ID 8                               | 33605  |
| 6.    | Future effective date of filing (optional)   | ):   | ·  |
|       | nature of organizer(s). (An organizer is a m   | ember, or is                                       |  |
| actir | ng in behalf of a member on members).  | <u> </u>   | Secretary of State use only                        |
| Sia   | nature   | Moms/LLC forms/cert_org_llc.PMD<br>Revised 07/2008 |  |
| _     | ped Name: Joel Jensen  |  |  |
| , ,   |  | ms/cer   |  |
| Sia   | nature   | LC for   | IDAHO SECRETARY OF STATE<br>03/18/2011 05:00       |
| _     | ped Name:  | (forms)!   | CK: 3251 CT: 248784 BH: 1264888                    |

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