

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPA

10 JUN 11 PM 12: 02

(Instructions on back of application)

SECRETARY OF STATE

1. The name of the limited	d liability company i	is:	STATE OF IDAHU
THOMAS	KINKADE GALLERY A	T BOISE TOWNE SQ	UARE LLC
2. The complete street and		_	, ,
	9071 W Waterwood Ln,	GARDEN CITY 8371	4
(Street Address)	SAI	ME	
(Mailing Address, if different than	street address)		
3. The name and complete	e street address of t	he registered ager	nt:
DEBBIE MASON	N	SAI	VIE
(Name)		Address)	
 The name and address company: Name 		nber or manager of Add	
DEBBIE. MAS	ON	SAI	ME
		·	
	<u> </u>		
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5. Mailing address for futur			ces):
	SAI	ME	
6. Future effective date of	filing (ontional):		
or i maio officially a date of	g (optional).	· · · · · · · · · · · · · · · · · · ·	
Signature of organizer(s). (Ar	- ·		
Signature Www 8	& Mason	S BC-PMD	ecretary of State use only
Typed Name:DEBI	BIE L MASON	- Fe Je 3	
Signature		Vormstill C formstoart_org_llc.PMD	IDAHO SECRETARY OF STATE 06/11/2010 05:
Typed Name:		forms!	1 0 100.00 = 100.00 (RGAN LL)

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