



CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

((Instructions on back of application))

2014 DEC -2 PM 1:30

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Playhouse, LLC

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

1620 N. Liberty St. Boise ID 83704
(Street Address)

(Mailing Address, if different than street address)

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

Teri Coonce
(Name)

1620 N. Liberty St. Boise, ID
(Street Address)
83704

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

Name	Address
<u>Teri Coonce</u>	<u>1620 N. Liberty St. Boise, ID</u> 83704
_____	_____
_____	_____
_____	_____

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

1620 N. Liberty St. Boise ID 83704

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

Signature of a manager, member or authorized person.

Signature [Signature]
Typed Name: Teri Coonce

Signature _____
Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

12/02/2014 05:00

CK:2397656 CT:172099 BH:1451346

10 100.00 = 100.00 ORGAN LLC #2

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