

51				FILED Err	
	CERTIFICATE OF C			FILED EFFE 2013 JUL - 1 AM 9: STATE ANY OF	MVE
	(Instructions on back			STETARY 4M 9:	<b>3</b> /
4			,	TATE OF IN STATE	
1.	The name of the limited liability con Historic Ballroom, L.L.C.		DAHO		
2.	The complete street and mailing addresses of the initial designated office:				
	205 Shoshone Street N., Twin Falls, ID 83301				
	(Street Address)				
	(Mailing Address, if different than street address)				
3.	The name and complete street address of the registered agent:				
	Laird B. Stone (Name)	102 Main Ave. S., Twin Falls, ID 83301			
	(Name)	(Street Address	)		
4.	The name and address of at least or company:	ne member o	or manager of the I	imited liability	
	<u>Name</u>	<u>Address</u>			
	Twin Falls Lodge #45 Ancient Free and	205 Shoshon	e Street N., Twin Falls	s, ID 83301	
	Accepted Masons of Idaho				
		***************************************		-	
•					
5	Mailing address for future correspon	dence (annu	al report notices):		
	102 Main Ave. S., Twin Falls, ID 83301				
			** - 14 mile **		
6.	Future effective date of filing (option	al):			
_	nature of a manager, member or	authorized			
per Twin F	son. 'alls Lodge #45 AF & AM of Idaho	o [	Secretary	of State use only	ji
	nature James G. Senglen				
_	ped Name: BY: James A. Hensley				
Secrét	ary of Twin Falls Lodge #45 AF	& AM of Id	aho		
Sig	nature			HO SECRETARY OF STATE	
Тур	ped Name:		CK: 10	01/2013 05:00 025 CT: 4894 BH: 1380401 08 = 180.08 ORGAN LLC # 2	