ORIGINAL



Typed Name: Grant Brown

Signature__

Typed Name: ____

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY | SEP 22 AM 9: 19

FILED EFFECTIVE

(Instructions	on back of	r application)

(Illistitubilis off b	ack of application/
The name of the limited liability	company is: SECRETARY OF STATE STATE OF IDAHO
Gr	rant Brown Productions, LLC
The complete street and mailing 711 South 4th Avenue, Apt B, Pocate	addresses of the initial designated/principal office
(Street Address)	
(Mailing Address, if different than street addre	88)
The name and complete street a	address of the registered agent:
Lang W. Eriskaan	004 E. O
Lane V. Erickson (Name)	201 E. Center St, P.O. Box 1391, Pocatello, ID 83204 (Street Address)
MEDICAL CONTROL OF A SAME	-1
. The name and address of at lea	st one member or manager of the limited liability
company:	
<u>Name</u>	<u>Address</u>
Grant Brown	711 South 4th Avenue, Apt B, Pocatello, Idaho 83201
•	spondence (annual report notices):
711 South 4th Avenue, Apt B, Pocate	illo, Idaho 83201
. Future effective date of filing (op	tional):
•	
ignature of a manager, member	or authorized
erson.	
	Secretary of State use only
ignature Ala Mor	

IDANO SECRETARY OF STATE

09/22/2011 05:00

CK: 62485 CT: 1188 BH: 1291464
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