

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY (Instructions on back of application) 1. The name of the limited liability company is: MMA Media Group lic 2. The complete street and mailing addresses of the initial designated office: 5025 Frazier Drive Post Falls Idaho 83854 (Street Address) (Mailing Address, if different than street address) 3. The name and complete street address of the registered agent: Steve Lux 5025 Frazier Drive Post Falls Idaho 83854 (Norme) (Street Address) 4. The name and address of at least one member or manager of the limited liability company: Name Address Steve Lux 5025 Frazier Drive Post Falls Idaho 83854 5025 Frazier Drive Post Falls Idaho 83854 6. Future effective date of filling (optional): Signature of a manager, member or authorized person. Signature Typed Name: 110400 SEDETINIT OF STATE 110400 SEDETINIT OF SEDETINIT OF SEDETINIT OF		
MMA Media Group IIc 2. The complete street and mailing addresses of the initial designated office:		ORGANIZATION ORGANIZATION ORGANIZATION
MMA Media Group IIc 2. The complete street and mailing addresses of the initial designated office:	(Instructions on bac	k of application)
MMA Media Group IIc 2. The complete street and mailing addresses of the initial designated office:	1. The name of the limited liability co	ompany is:
Size Address Steve Lux	MMA Media Group IIc	
3. The name and complete street address of the registered agent: Steve Lux	5025 Frazier Drive Post Falls Idaho 838	-
3. The name and complete street address of the registered agent: Steve Lux	(Malling Address, if different than street address)	
Steve Lux (Name) 5025 Frazier Drive Post Falls Idaho 83854 4. The name and address of at least one member or manager of the limited liability company: Name Steve Lux 5025 Frazier Drive Post Falls Idaho 83854 5025 Frazier Drive Post Falls Idaho 83854 6. Future effective date of filing (optional): Signature of a manager, member or authorized person. Signature Typed Name Typed Name 1040 SECRETARY OF STATE Typed Name: 1040 SECRETARY OF STATE	, -	
(Name) (Street Address) 4. The name and address of at least one member or manager of the limited liability company: Name Address Steve Lux 5025 Frazier Drive Post Falls Idaho 83854 5025 Frazier Drive Post Falls Idaho 83854 6. Future effective date of filing (optional): Signature of a manager, member or authorized person. Signature State use only Signature State use only Signature Typed Name: 10ANO SECRETARY OF STATE	·	
4. The name and address of at least one member or manager of the limited liability company: Name Steve Lux Steve Lux Steve Lux Source Post Falls Idaho 83854 5025 Frazier Drive Post Falls Idaho 83854 5025 Frazier Drive Post Falls Idaho 83854 6. Future effective date of filing (optional): Signature of a manager member or authorized person. Signature Typed Name Signature Typed Name: 10AHO SECRETARY OF STATE 10AHO SECRETARY OF STATE 10AHO SECRETARY OF STATE		
Steve Lux	(name)	(Sueet Address)
5025 Frazier Drive Post Falls Idaho 83854 5. Mailing address for future correspondence (annual report notices): 5025 Frazier Drive Post Falls Idaho 83854 6. Future effective date of filing (optional): Signature of a manager member or authorized person. Signature		
5. Mailing address for future correspondence (annual report notices): 5025 Frazier Drive Post Falls Idaho 83854 6. Future effective date of filing (optional): Signature of a manager member or authorized person. Signature S		
5025 Frazier Drive Post Falls Idaho 83854 6. Future effective date of filing (optional): Signature of a manager, member or authorized person. Secretary of State use only Signature Typed Name: 10040 SECRETARY OF STATE 10/09/2012 05:00	Steve Lux	- 1023 Fraziei Dilve Fust Fails Idailo 03034
5025 Frazier Drive Post Falls Idaho 83854 6. Future effective date of filing (optional): Signature of a manager, member or authorized person. Secretary of State use only Signature Typed Name: 10040 SECRETARY OF STATE 10/09/2012 05:00		
5025 Frazier Drive Post Falls Idaho 83854 6. Future effective date of filing (optional): Signature of a manager, member or authorized person. Secretary of State use only Signature Typed Name: 10040 SECRETARY OF STATE 10/09/2012 05:00		
5025 Frazier Drive Post Falls Idaho 83854 6. Future effective date of filing (optional): Signature of a manager, member or authorized person. Secretary of State use only Signature Typed Name: 10040 SECRETARY OF STATE 10/09/2012 05:00		
5025 Frazier Drive Post Falls Idaho 83854 6. Future effective date of filing (optional): Signature of a manager, member or authorized person. Secretary of State use only Signature Typed Name: 10040 SECRETARY OF STATE 10/09/2012 05:00		
5025 Frazier Drive Post Falls Idaho 83854 6. Future effective date of filing (optional): Signature of a manager, member or authorized person. Secretary of State use only Signature Typed Name: 10040 SECRETARY OF STATE 10/09/2012 05:00		
5025 Frazier Drive Post Falls Idaho 83854 6. Future effective date of filing (optional): Signature of a manager, member or authorized person. Secretary of State use only Signature Typed Name: 10040 SECRETARY OF STATE 10/09/2012 05:00		
Signature of a manager, member or authorized person. Secretary of State use only Signature Typed Name: IDAHO SECRETARY OF STATE 19/09/2012 05:00	•	
Signature Typed Name: Secretary of State use only Secretary of State use only Signature Typed Name: 10410 SECRETARY OF STATE 10/09/2012 05:00	6. Future effective date of filing (option	onal):
Signature Typed Name: Signature IDAHO SECRETARY OF STATE 19/99/2012 05:00		
Typed Name Steve Lox Signature	Signatura #	Secretary of State use only
Signature	-	
Typed Name: 10/09/2012 05:00	Typed Haire View ZOX	
Typed Name: 10/09/2012 05:00	Signature	
		10/09/2012 05:00

cert_org_lic Rev. 07/2010

W117976