## **CERTIFICATE OF ORGANIZATION** LIMITED LIABILITY COMPANY

FILED EFFECTIVE

(Instructions on back of application)

2013 MAR | | AH | |: 47

The name of the limited liability company is:			SECTION OF THE
	Moose	Mark Photography, LLC	STATE
	street and mailing add one St., Post Falls, ID 838		designated office:
(Mailing Address, i	f different than street address)		
3. The name and	d complete street addr	ess of the registered	agent:
Alicia Bickel (Name)			Post Falls, ID 83854
The name and company:	d address of at least or	ne member or manag	per of the limited liability
	<u>Name</u>		Address
Alicia Bickel		1513 N Moonstone St.,	Post Falls, ID 83854
Chad Bickel		1513 N Moonstone St., Post Falls, ID 83854	
		<del> </del>	
5. Mailing address	ss for future correspon	dence (annual report	notices):
454 <u>2 N. M</u>		<u> </u>	7,
6. Future effective	ve date of filing (option	al):	
Signature of a m	nanager, member or	authorized	
Signature (1)	cia Birkii		Secretary of State use only
Signature <u>///</u> Typed Name: <sup>Alici</sup>			
		<del></del>	
Signature			
Typed Name:			IDAHO SECRETARY OF STATE  93/11/2013 95:00  CK: 1127 CT: 273784 BH: 136484

cert\_org\_llc Rev. 07/2010

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