

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

11 JAN 10 AM 9:09

SECTION !

1. The name of the limited liabi	lity company is: STATE OF IDAHO
DEFIB Studios, LLC	OF IDAHO
 The complete street and mail 3126 Fourth Street 	ing addresses of the initial designated/principal office:
(Street Address) Lewiston, ID 83501	
(Mailing Address, if different than street ad	idress)
3. The name and complete stree	et address of the registered agent:
Christopher M. Noel (Name)	3126 Fourth Street, Lewiston, ID 83501 (Street Address)
The name and address of at le company:	east one member or manager of the limited liability
Name	Address
Christopher M. Noel	3126 Fourth Street, Lewiston, ID 83501
Daniel J. Crowder	2341 Appleside Boulevard, Clarkston, WA 99403
	 -
5. Mailing address for future corre	espondence (annual report notices):
P.O. Box 191 (843 7th Street), Clar	
The second of the state of the second of the	NSIOII, WA 99403
6. Future effective date of filing (c	optional):
(4)	
Signature of a manager, memberson.	er or authorized
Signature	Secretary of State use only
yped Name: Christopher M. Noel	
Signature Daniel Grudes	IDAHO SECRETARY OF STATE 01/10/2011 05:00
yped Name: Daniel J. Crowder	CK: 11417 CT: 108694 BH: 1254525 1 P 189.68 = 169.89 (REGON LIC # 2

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1 8 20.00 = 20.00 EXPEDITE C # 3

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