CERTIFICATE OF			
(instructions on ba	ck of application)	SECRETARY OF STATE	
1. The name of the limited liability c	ompany is:	STATE OF IDAHO	
HM Arts & Associates LLC	-		
2. The complete street and mailing a 1900 Northwest Blvd, STE 106A, Coeu		al designated office:	
(Street Address)			
(Malling Address, If different than street address)		
3. The name and complete street ad	dress of the register	ed agent:	
Northwest Registered Agent LLC	1900 Northwest Blvd STE 106A Coeur dAlene ID 83814 (Street Address)		
(Name)			
 The name and address of at least company: Name 	one member or mar	nager of the limited liability	
Richard Higgs	1900 Northwest Bly	d, STE 106A, Coeur d'Alene, ID 83814	
5. Mailing address for future correspondence 1900 Northwest Blvd, STE 106A, Coeu		ort notices):	
6. Future effective date of filing (optic	onal):		
Signature of a manager, member c person.	or authorized		
		Secretary of State use only	
Signature / / Company) -	Me_		
- ypou radino,			
Signature		IDAHO SECRETARY OF STATE 03/04/2015 05:00	
Typed Name:		CK: PREPAID CT: 238717 BH: 146 16 100.00 = 100.00 ORGAN LI	
2	cert_org_lic Rev. 07/2010		

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