



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

11 APR -4 AM 8:51

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Kison Photography LLC

2. The complete street and mailing addresses of the initial designated/principal office:

2095 N Palisades

(Street Address)

Post Falls, ID 83854

(Mailing Address, if different than street address)

3. The name and complete street address of the registered agent:

Kristin Kison

(Name)

2095 N Palisades, Post Falls
ID 83854

(Street Address)

4. The name and address of at least one member or manager of the limited liability company:

Kristin Kison
Mark Kison

Name

2095 N Palisades, Post Falls, ID 83854
"

Address

5. Mailing address for future correspondence (annual report notices):

2095 N Palisades, Post Falls, ID 83854

6. Future effective date of filing (optional): _____

Signature of a manager, member or authorized person.

Signature Kristin Kison

Typed Name: Kristin Kison

Signature Mark Kison

Typed Name: Mark Kison

Secretary of State use only

IDAHO SECRETARY OF STATE
04/05/2011 05:00
CK: 1671 CT: 257378 BH: 1267622
1 @ 100.00 = 100.00 ORGAN LLC # 2

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