CERTIFICATE OF		
	(Instructions on back of application)	
1. The name of the limited liability co		SECRETARY OF STATE STATE OF IDAHO
	TES MUSIC SHOP, LLC	
2. The complete street and mailing ac 1120 SOUTH BC	ddresses of the initial do DULEVARD, IDAHO FALLS,	
(Street Address)		
(Mailing Address, if different than street address)	<u></u>	
3. The name and complete street add	dress of the registered a	agent:
DILLON J MOCKLI	1120 SOUTH BOULEV	ARD, IDAHO FALLS, ID 83402
(Name)	(Street Address)	
4. The name and address of at least company: Name DILLON J MOCKLI	-	er of the limited liability Address ARD, IDAHO FALLS, ID 83402
SAMANTHA M MOCKLI	1120 SOUTH BOULEV	ARD, IDAHO FALLS, ID 83402
5. Mailing address for future correspondent fo	ondence (annual report DULEVARD, IDAHO FALLS,	
6. Future effective date of filing (option Signature of organizer(s). (An organizer is acting in behalf of a member or members).		
Signature MEMBER	LC formsteer_oig_lt: FMfD	Secretary of State use only IJANO SECRETORY OF STOTE
Typed Name:	t kontraktion 2	04/27/2005 05:00 CK: 1966 CT: 189623 DH: 11677 1 2 196.08 = 189.00 URGAN LLC

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