



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

10 AUG 10 PM 2:12

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

No Name Of Fame, LLC

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

7367 Bridgeport Dr. Nampa, ID 83687

(Street Address)

(Mailing Address, if different than street address)

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

Aaron M. Miller

(Name)

7367 Bridgeport Dr., Nampa, ID 83687

(Street Address)

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

Name

Address

Aaron M. Miller

7367 Bridgeport Dr.

Nampa, ID 83687

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

7367 Bridgeport Dr., Nampa, ID 83687

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature

Typed Name: Aaron M. Miller

Signature _____

Typed Name: _____

Secretary of State use only

W 95499

IDAHO SECRETARY OF STATE
08/10/2010 05:00
CK: 492065 CT: 172099 BH: 1234241
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