

## **CERTIFICATE OF ORGANIZATION** LIMITED LIABILITY COMPANY

FILED EFFECTIVE

(Instructions on back of application)

1. The name of the limited liability company

39 OCT 28 AM 8: 30

is:	SECRETARY OF STATE STATE OF IDAHO
eset LLC	3110

	Broadcast LLC	nu
The complete street and mailing	addresses of the initial designated/principal offi	ce:
971 W	/ 250 South, Blackfoot, ID 83221	
(Street Address)		
(Mailing Address, if different than street address	88)	
The name and complete street a	address of the registered agent:	
Kelly Williams	971 W 250 South, Blackfoot, ND 83221	r
(Name)	(Street Address)	
The name and address of at least company:	st one member or manager of the limited liability	
Name	Address	a
Kelly Williams	971 W 250 South, Blackfoot, ID 63221	,
		<del></del>
		4
,	spondence (annual report notices): / 250 South, Blackfoot, ID 83221	S
5/144	LAN COURT, DERMICON, ID COLL I	
Future effective date of filing (op	otional):	
·		
nature of organizer(s). (An organize	r is a member, or is	
ng in behalf of a member or members).		
nature de Com	Secretary of State use only  15  15  10  10  10  10  10  10  10  10	
ped Name: Kelly William	ns S	•
	EQ	AC OTATE
nature	10/28/2009	05:00 05:00
ped Name:	CK: 1017 CT: 238892 1 9 100.00 = 100.00	ORGAN LL

W87937