

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

PH 12: 53	10 DEC 27
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	(instructions on back	or application	(1)	OF STATE) 		
1.	The name of the limited liability com	npany is: itchell Photogra	nhy II C	SECTION OF STATE STATE OF IDAHO			
2.	The complete street and mailing add	-	•	nated/principal office:			
	(Street Address)						
	(Mailing Address, if different than street address)		· ·				
3.	The name and complete street addre	ess of the re	gistered ager	nt:			
	Holly Mitchell		Dr. #C Eagle,	ld 83616			
	(Name)	(Street Address)				
4.	The name and address of at least or company:	ne member o	r manager o	the limited liability			
	<u>Name</u>		Add	ess			
	Holly Mitchell	1117 E Plaza	Dr. #C Eagle,	ld 83616			
	and the state of t						
5.	Mailing address for future correspon-	dence (annu	al report noti	ces):			
	Holly Mitchell 1117 E. Plaza	Dr. #C Ea	gle, ID 836	16			
6.	6. Future effective date of filing (optional):						
Sig	nature of a manager, member or	authorized					
per	son.	01		ecretary of State use only			
Sig	nature July Witche	ll_		ecretary or State use only			
Тур	ed Name: Holly Mitchell						
	\mathcal{C}	•					

IDAHO SECRETARY OF STATE 12/28/2010 05:00 CK: NO CK# CT: 253825 BH: 1252636 1 0 100.00 100.00 ORGAN LLC # 2

W99109

Signature _____

Typed Name: