



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE
2015 JUN -4 AM 8:18

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Zip's Selfie LLC

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

11717 W Riverview Dr

(Street Address)

Post Falls, ID 83854

(Mailing Address, if different than street address)

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

Karin Fowler

(Name)

11717 W Riverview Dr Post Falls, ID 83854

(Street Address)

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

Name

Address

Karin Fowler

11717 W Riverview Dr Post Falls, ID 83854

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

11717 W Riverview Dr Post Falls, ID 83854

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

Signature of a manager, member or authorized person.

Signature

Karin Fowler

Typed Name: Karin Fowler

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

06/04/2015 05:00

CK:4123 CT:310962 BH:1478312

1@ 100.00 = 100.00 ORGAN LLC #2

1@ 20.00 = 20.00 EXPEDITE C #3

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