

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

Click here to clear form.

2014 MAR 12 AM 10: 18

SECRETARY OF STATE STATE OF IDAHO

1. The name of the limited lightlifty company is:	STATE OF IDAHO
1. The name of the limited liability company is:	4.40
PAINTBRUSH FILE	MS LLC
2. The complete street and mailing addresses of the	initial designated office:
741 W. AIKENS Ct., E.	AGLE ID 83616
(Street Address)	
(Mailing Address, if different than street address)	
3. The name and complete street address of the reg	istered agent:
5.4	
MARGULIES 741 (Name) (Street Address)	W. MIKENS CT. EAGLE, ID
(Sileet Address)	83616
4. The name and address of at least one member or	manager of the limited liability
company:	•
Name	<u>Address</u>
MICHAEL D. MARGULIES 741 U	U. AIKENS CT., EAGLE, ID
	8346
5. Mailing address for future correspondence (annua	•
741 W. AIKENS CT, EAGLE	,ID 83616
Future effective date of filing (optional):	
Signature of a manager, member or authorized	
person.	Secretary of State use only
Signature Marque	
Typed Name: MICHAEL MARGULIES	W135377
7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7	, -
Signature	IDAHO SECRETARY OF STATE 03/12/2014 05:00
Typed Name:	CK: 1148 CT: 294170 BH: 141482