



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

2013 SEP 20 AM 9:00

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Shimmer Ink LLC

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

342 Blue Lakes Blvd N Twin Falls, Idaho 83301

(Street Address)

(Mailing Address, if different than street address)

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

Kelci Kelly

(Name)

368 Fafnir Dr Kimberly Id 83341

(Street Address)

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

Name

Address

Kelci Kelly

368 Fafnir Dr. Kimberly Id 83341

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

342 Blue Lakes Blvd N Twin Falls, Idaho 83301

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature Kelci Kelly

Typed Name: Kelci Kelly

Signature _____

Typed Name: _____

Secretary of State use only

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09/23/2013 05:00
CK: 1605 CT: 213318 BH: 1390996
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