

Signature____

Typed Name:

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)



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. The name of the limited liability of	ompany is: O THREE MEDIA LLC SECRETARY OF STATE STATE OF IDAHO
2. The complete street and mailing a	addresses of the initial designated/principal office
(Street Address)	
(Mailing Address, if different than street address	s)
. The name and complete street a	ddress of the registered agent:
MICHAEL SCHULTE	1308 A ST, SANDPOINT, ID 83864
(Name)	(Street Address)
company: Name THOMAS VEST	Address 9900 DURANT DRIVE,#B, BEVERLY HILLS,CA 902
I HOMAS VEST	9900 DURANT DRIVE,#B, BEVERLT HILLS,CA 902
,	
5. Mailing address for future corresp	pondence (annual report notices):
1308 A ST, SANDPOINT, ID 83864	
Future effective date of filing (opt	tional):
	or authorized
Signature of a manager, member erson.	
•	Secretary of State use only

IDAHO SECRETARY OF STATE 91/27/2011 05:00 CK: 3626 CT: 254801 BH: 1257217 1 0 100.00 = 100.00 ORGAN LLC # 2

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