

CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

(Instructions on back of application)

10 JUN -2 AM 8: 22

1.	The name of the limited liability company is:	SECRETARY OF STATE
	Triple Point Productions LLC	
2.	The complete street and mailing addresses of the initial designated/principal office:	
	411 Leadville #1, Ketchum, ID 83340)
	(Street Address) PO Box 3733, Ketchum, ID 83340	
	(Mailing Address, if different than street address)	
3.	The name and complete street address of the registered a	igent:
		N, Hailey, ID 83333
	(Name) (Street Address)	
4.	The name and address of at least one member or manage company:	er of the limited liability
	· · · · · ·	Address
	A. Scott Douglas PO Box 3733	3, Ketchum, ID 83333
	· · · · · · · · · · · · · · · · · · ·	4 (1519 130 64)
	The state of the s	
5.	Mailing address for future correspondence (annual report	notices):
	Triple Point Productions, PO Box 3733, Ketchui	n, ID 83340
6.	Future effective date of filing (optional):	
Sig	nature of organizer(s). (An organizer is a member, or is	
actir	ng in behalf of a member or members).	Secretary of State use only
Sia	nature	secretary of Grade use only
Typed Name: Alexander Scott Douglas		W/9 29
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