

FILED EFFECTIVE

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2015 MAY 11 AM 10:30

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

The Jolyn Thomas Show, LLC

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

166 Martinsburg Lane

(Street Address)

Idaho Falls, Idaho 83404

(Mailing Address, if different than street address)

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

Jolyn Thomas

(Name)

166 Martinsburg Lane, Idaho Falls, Idaho 83404

(Street Address)

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

Name**Address**

Jolyn Thomas

166 Martinsburg Lane, Idaho Falls, Idaho 83404

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

166 Martinsburg Lane, Idaho Falls, Idaho 83404

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

Signature of a manager, member or authorized person.

Signature

Typed Name: Jolyn Thomas

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

05/11/2015 05:00

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