

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

11 SEP -1 AM 8: 39

	(Instructions on back	of application	i)
1. The name of the limited liability compar		pany is:	SECRY BY OF STATE STATE OF IDAHO
	Black Feather Productions LLC		OFFICE OF IDATO
2.	The complete street and mailing addresses of the initial designated/principal office: 315 Boston Drive Nampa, ID 83687 (Street Address) 315 Boston Drive Nampa, ID 83687 (Mailing Address, if different than street address)		
3.	The name and complete street address of the registered agent:		
	Gregory S Looney (Name)	315 Boston (Street Address)	Drive, Nampa, ID 83687
4.	. The name and address of at least one member or manager of the limited liability company:		
	<u>Name</u>		Address
	Gregory S Looney	315 Boston	Drive Nampa, ID 83687
5. Mailing address for future correspondence (annual report notices): 315 Boston Drive, Nampa, ID 83687			
6. Future effective date of filing (optional):			
Signature of a manager, member or authorized			
Signature Secretary of State use only Typed Name: Michael Banner Organizer			
Signature 1040 SECRETARY OF STATE 9/01/2011 05:0			
Typed Name:			CK: 31764 CT: 157159 BH: 1288777 1 @ 100.00 = 180.00 ORGAN LLC # 2