



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

10 FEB -1 AM 9:01

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

The Random Acts of Theatre Players LLC

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

807 Caswell Ave W Twin Falls, ID 83301
(Street Address)

Same as above
(Mailing Address, if different than street address)

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

Tamara Harmon
(Name)

807 Caswell Ave W Twin Falls, ID
(Street Address)

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

Name	Address
<u>William Anthony Manner</u>	<u>3668 Cedar Draw Lane Filer, ID</u>
<u>Justin Isaac Harmon</u>	<u>807 Caswell Ave W Twin Falls, ID</u>

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

807 Caswell Ave W Twin Falls, ID 83301

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

Signature of organizer(s). (An organizer is a member, or is acting in behalf of a member or members).

Signature Tamara Harmon

Typed Name: TAMARA A. HARMON

Signature _____

Typed Name: _____

Secretary of State use only

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Revised 07/2008

IDAHO SECRETARY OF STATE
02/01/2010 05:00
CK: 911769 CT: 244457 BH: 1205987
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