

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

11 AUG 19 AH 9: 05

(Instructions on back of application)

. The name of the limited liab	oility company is: STATE OF IDAHO
	RIEHL - WOLFE FILMS, LLC
. The complete street and mai	iling addresses of the initial designated/principal office: LETON, ID 83644
(Street Address)	
(Malling Address, if different than street	address)
3. The name and complete stre	eet address of the registered agent:
ROBERT CRANDALL	3456 E 17TH ST. #140 AMMON, ID 83406
(Name)	(Street Address)
company:	least one member or manager of the limited liability  Address
TORY VON WOLFE	10880 GALLOWAY, RD. MIDDLETON, ID 83644
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- 100	
5. Mailing address for future co	orrespondence (annual report notices):
3456 E 17TH ST. #140 AMMON	N, ID 83406
on the same of	· (antional)
<ol><li>Future effective date of filing</li></ol>	j (optional):
Signature of a manager, men	ober or authorized
person.	
Signature OLIVER PIEHI	Secretary of State use only
yped Name: OLIVER RIEHL	
Signature	IDAHO SECRETARY OF STATE  08/19/2011 05:
Typed Name:	CK: 2624 CT: 171497 BH: 128

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