







## STATE OF IDAHO Office of the secretary of state, Lawerence Denney CERTIFICATE OF ORGANIZATION LIMITED LIABILITY

**COMPANY** 

Idaho Secretary of State PO Box 83720 Boise, ID 83720-0080 (208) 334-2301 Filing Fee: \$100.00

For Office Use Only

-FILED-

File #: 0004169101

Date Filed: 2/8/2021 6:03:47 PM

| Certificate of Organization Limited Liability Company Select one: Standard, Expedited or Same Day Service (see descriptions below) |                                      | Standard (filing fee \$100)                                 |  |
|--|--------------------------------------|---|--|
| 1. Limited Liability Company Name  |                                      |   |  |
| Type of Limited Liability Company  |                                      | Limited Liability Company                                   |  |
| Entity name  |                                      | Social by Amber LLC   |  |
| The complete street address of the principal office is:     Principal Office Address   |                                      | 784 S. CLEARWATER LOOP STE B<br>POST FALLS, ID 83854        |  |
| The mailing address of the principal office is:     Mailing Address  |                                      | 784 S CLEARWATER LOOP<br>STE B<br>POST FALLS, ID 83854-9599 |  |
| 4. Registered Agent Name and Address   |                                      |   |  |
| Registered Agent   |                                      | NORTHWEST REGISTERED AGENT LLC                              |  |
|  |                                      | Commercial Registered Agent                                 |  |
|  |                                      | Physical Address 784 S CLEARWATER LOOP STE B                |  |
|  |                                      | POST FALLS, ID 83854  |  |
|  |                                      | Mailing Address   |  |
|  |                                      | 784 S CLEARWATER LOOP STE B<br>POST FALLS, ID 83854         |  |
| ☑ I affirm that the registered ag  | ent appointed has consented t        | o serve as registered agent for this entity.                |  |
| 5. Governors   |                                      |   |  |
| Name   |                                      | Address   |  |
| Amber Hudson   | 827 E RIVERSIDE D<br>EAGLE, ID 83616 | 827 E RIVERSIDE DRIVE E-232<br>EAGLE, ID 83616              |  |
| Signature of Organizer:  |                                      |   |  |
| Morgan Noble   |                                      | 02/08/2021  |  |
| Sign Here  |                                      | Date  |  |