

Typed Name: \_

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

(Instructions on back of application)

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SEGRE HART OF STATE STATE OF IDAHO

| 1.         | The name of the limited liability comp  | any is:       |   | STATE OF IDAHO                                      |
|------------|---|---------------|---|---|
|            | E   | agle Media    | LLC                                     |   |
| 2.         | The complete street and mailing addre   | esses of t    | he initial de                           | esignated/principal office:                         |
|            |   | S Island G    | en Way                                  |   |
|            | (Street Address)  | gle, Idaho 8  | 3616                                    |   |
|            | (Mailing Address, if different than street address)   |               |   |   |
| 3.         | The name and complete street address of the registered agent:                                     |               |   |   |
|            | Tia Markland  | 59 N          | Arrow Creek                             | Lane Eagle, Idaho 83616                             |
|            | (Name)  | (Street Addre | 8S)                                     |   |
| 4.         | The name and address of at least one company:   | e member      |   | •   |
|            | Name  |               |   | Address   |
|            | Tia Markland  | 59 N          | Arrow Creek                             | Lane Eagle, Idaho 83616                             |
|            |   |               |   | 1.5.3   |
|            | •   |               |   |   |
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|            |   |               |   |   |
|            | •   |               |   |   |
| <b>5</b> . | Mailing address for future corresponds  | ence (ann     | ual report                              | notices):   |
| o.         | Mailing address for future correspondence (annual report notices): PO Box 1878 Eagle, Idaho 83616 |               |   |   |
|            |   |               |   |   |
| <b>)</b> . | Future effective date of filing (optional)  | ):            |   |   |
|            |   | •             |   |   |
| _          | nature of organizer(s). (An organizer is a m  | ember, or is  | <b>S</b> .                              |   |
| xtir       | ng in behalf of a member or members).   |               |   | Secretary of State use only                         |
|            | Den ~   |               | QMA.                                    | conomit of own one willy                            |
| _          | nature Tia Markland   |               | 8                                       | M 8391H   |
| уp         | ed Name. Tia Markland   |               | B B Cont                                | IDAHO SECRETARY OF STATE                            |
| io         | nature  |               | ALLC formeleart_org_ac_PMD<br>d 07/2008 | 05/13/2809 05:00<br>CK: 2584 CT: 237859 BH: 1178294 |
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