





STATE OF IDAHO Office of the secretary of state, Phil McGrane 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 #: 0005059512

Date Filed: 1/9/2023 9:52:25 PM

| Certificate of Organization Limited Liability Company Select one: Standard, Expedited or Same Day Serdescriptions below) | vice (see Standard (filing fee \$100) |
|--|---|
| 1. Limited Liability Company Name | |
| Type of Limited Liability Company | Limited Liability Company |
| Entity name | Abstract Image LLC |
| 2. The complete street address of the principal office is: | |
| Principal Office Address | CAMILLE OLSON |
| | 1903 W BLOSSOM AVE |
| | NAMPA, ID 83651 |
| 3. The mailing address of the principal office is: | |
| Mailing Address | CAMILLE OLSON |
| | 1903 W BLOSSOM AVE |
| | NAMPA, ID 83651-8323 |
| 4. Registered Agent Name and Address | |
| Registered Agent | Registered Agent |
| | Camille R Olson |
| | Physical Address: CAMILLE OLSON |
| | 1903 W BLOSSOM AVE |
| | NAMPA, ID 83651 |
| | Mailing Address: |
| | CAMILLE OLSON |
| | 1903 W BLOSSOM AVE NAMPA, ID 83651-8323 |
| | 14AWII A, ID 00001-0020 |
| I affirm that the registered agent appointed has | consented to serve as registered agent for this entity. |
| 5. Governors | |
| Name | Address |
| Camille R Olson C | AMILLE OLSON |
| | 903 W BLOSSOM AVE |
| | AMPA, ID 83651 |
| | |
| Signature of Organizer: | |
| Camille R Olson | 01/09/2023 |
| | |
| Sign Here | Date |