

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

10 FEB 17 AM 8: 34

SECRETARY OF STATE
STATE OF IDAHO

<ol> <li>The name of the limited liability compar</li> </ol>	ny is:	STATE OF IDAHO
C.P. White Me	edia, Limited Company	
2. The complete street and mailing address	ses of the initial design	ated/principal office:
304 W. Broadway	Ave. Meridian, ID 83642	
(Street Address)		
(Malling Address, if different than street address)	<del></del>	
. The name and complete street address	of the registered agent	:
Christopher White	304 W. Broadway Ave.	Meridian, 1D 83842
(Name) (S	treet Address)	
. The name and address of at least one n company:	nember or manager of t	the limited liability
Name	Address 304 W. Broadway Ave. Meridian, ID 83642	
Christopher White	304 W. Broadway Ave.	Mendian, ID 83642
Cyclister 1819 (17.3)		
. Mailing address for future corresponder	na (annual report natio	ael·
•	y Ave. Meridian, ID 83642	70).
. Future effective date of filing (optional):		# # # # # # # # # # # # # # # # # # #
ignature of organizer(s). (An organizer is a mer	mber, or is	
ting in behalf of a member or members).	¢a.	cretary of State use only
		detaily of characters only
gnature Christopher White		
ped Name: Christopher White	mmallic formaticat org. fic. PMD	W90727
	58	, <del>-</del>
gnature	<b>-</b> 6€	IDAHO SECRETARY OF STATE