

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

2014 MAR 24 AM 9: 50

| | ST 19 | (Instructions on back o | f application) | |
|--|---|--|--|-----------------------------|
| 1. | The name of the limited liability company is: | | | |
| | | Superior Eve | ints, LLC | |
| 2. The complete street and mailing addresses of the initial designate | | | | d office: |
| | 15000 | 210 MAGER LANE at Address) | | |
| | | P.O. BOX 481 ng Address, if different than street address) | GRANGEVILL | E ID 83530 |
| 3. The name and complete street address of the registered agent: | | | | |
| | (Nam | YLER BRANSford | 210 MAGER LANE (Street Address) IDA | GRANGEYTLLE HO 83530 |
| The name and address of at least one member or manager of the lir company: | | | | limited liability |
| | ~ 1 | Name | Address Address | 4 1 1 1 1 1 1 1 |
| | | IETLA ARNZEN | QID MALIER LANE SAME AS ABD | VE VE |
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| | | | | |
| | | | | |
| Mailing address for future correspondence (annual report notices): | | | | |
| P.O. Box 481 GRANGEVILLE, IO | | | | |
| 6. Future effective date of filing (optional): | | | | |
| | natur son. | e of a manager, member or a | uthorized | |
| - | | -1110 | Secreta | ry of State use only |
| Signature 4/5 BRANSFORD | | | | |
| Typed Name: TYLER/BRANS FORD IDAHO SECRETARY OF STATE | | | | |
| Signature Mil 25:00 CK: 1101 CT: 294729 RH: 1416755 | | | | |
| Typ | ed Na | ame: SHETLA ARAITEN | 1 9 190 |).00 = 100.00 ORGAN LLC # 2 |

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