

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2010 MAR -2 PM 3:41

SECRETARY OF STATE STATE OF IDAHO

_		STATE OF IDAHO	
1.	The name of the limited liability com		
	Fox	x Creek Audio, LLC	
2.	The complete street and mailing add	resses of the initial designated/principal office:	<del></del>
		riew Dr Bellevue, ID 53313	_
	(Street Address) PO Box	4368 Halley, ID 83333	
	(Melling Address, if different than street address)		•
3.	The name and complete street addre	ess of the registered agent:	
	Samuel F Smith	1217 Riverview Dr Bellevue, ID 83313	:
	(Name)	(Street Address)	<b>-</b>
	The name and address of at least on company:	e member or manager of the limited liability	
	Name	Address	
	Samuel F Smith	1217 Riverview Dr Bellevue, ID 63313	,
			:
			• "
			•
	•		÷* .
5.	Mailing address for future correspond	,	
	FO Box	4368 Halley, ID 83333	,
8.	Future effective date of filing (options	D:	
Sign	ature of organizer(s). (An organizer is a m	nember, or is	
cting	in behalf of a member or members).	Secretary of State use only	<u> </u>
Sign	ature		÷.
_	d Name: Samuel F Smith		
_	ature	176 8	
ype	d Name:		:00
		CK: 396859 CT: 172899 BNs	

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