

Typed Name:

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

(Instructions on back of application)

1.	The name of the limited liability con		Sime of the Dark	
2.	The complete street and mailing addresses of the initial designated office: 2824 E Red Tail Ct. Eagle, Id 83616			
	(Street Address)			
	(Mailing Address, if different than street address)			
3.	The name and complete street address of the registered agent:			
	Stephanie Espinoza-Levy (Name)	2824 E Red Tail Ci (Street Address)	t. Eagle, ld 83616	
1.	The name and address of at least or company:	ne member or ma	nager of the limited liability	
	Name	<u> </u>	Address	
	Stephanie Espinoza-Levy	2824 E Red Tail C	t. Eagle, ld 83616	
	<u> </u>		·	
	·			
5.	Mailing address for future correspon	idence (annual re	nort notices):	
•	2824 E Red Tail Ct. Eagle, Id 83616			
				
3.	Future effective date of filing (option	al):		
		,		
_	nature of a manager, member or son.	authorized		
OI.			Secretary of State use only	
ig	nature			
уp	ed Name: Stephanie Espinoza-Levy			
Siai	nature		IDANO SECRETARY OF STATE	

IDAHO SECRETARY OF STATE

06/11/2012 05:00

CK: NO CHECK # CT: 271328 BH: 1327820

1 @ 100.00 = 100.00 ORGAN LLC # 2