





Office of the secretary of state, Phil McGrane
CERTIFICATE OF ORGANIZATION LIMITED
LIABILITY COMPANY

PO Box 83720 Boise, ID 83720-0080 (208) 334-2301 Filing Fee: \$100.00 For Office Use Only

-FILED-

File #: 0005155369

Date Filed: 3/14/2023 11:27:02 AM

| Certificate of Organization Limited Liability Company Select one: Standard, Expedited or Same D descriptions below) | ay Service (see                             | Standard (filing fee \$100)                 |                |
|---|---|---|----------------|
| 1. Limited Liability Company Name   |   |   |                |
| Type of Limited Liability Company   |   | Limited Liability Company                   |                |
| Entity name   |   | Daydreamer Productions LLC                  | <u> </u>       |
| 2. The complete street address of the principal office is:  |   |   |                |
| Principal Office Address  |   | 4171 E DIVIDE PASS ST                       |                |
|   |   | MERIDIAN, ID 83642                          |                |
| 3. The mailing address of the principal office is:  |   |   |                |
| Mailing Address   |   | 4171 E DIVIDE PASS ST                       |                |
|   |   | MERIDIAN, ID 83642-5314                     |                |
| 4. Registered Agent Name and Address  |   |   |                |
| Registered Agent  |   | Registered Agent                            |                |
|   |   | Hilarey Johnson                             |                |
|   |   | Physical Address:                           |                |
|   |   | 4171 E DIVIDE PASS ST<br>MERIDIAN, ID 83642 |                |
|   |   | Mailing Address:                            |                |
|   |   | 4171 E DIVIDE PASS ST                       |                |
|   |   | MERIDIAN, ID 83642-5314                     |                |
| I affirm that the registered agent appoint  5. Governors  | ed has consented                            | to serve as registered agent fo             | r this entity. |
|   | <del></del>                                 |   |                |
| Name  | Address                                     |   |                |
| Kevin Johnson   | 4171 E DIVIDE PASS ST<br>MERIDIAN, ID 83642 |   |                |
| Signature of Organizer:   |   |   |                |
| Hilarey Johnson   |   |   | 03/14/2023     |
| Sign Here   |   |   | Date           |