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# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

**FILED EFFECTIVE**

2015 FEB 11 PM 3:31

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

Cox Family Entertainment LLC

2. The complete street and mailing addresses of the initial designated office:

202 Falls Ave W Apt 2 Twin Falls ID 83301

(Street Address)

709 Sparks St N Twin Falls ID 83301

(Mailing Address, if different than street address)

3. The name and complete street address of the registered agent:

Johnny Cox

(Name)

709 Sparks St N Twin Falls ID 83301

(Street Address)

4. The name and address of at least one member or manager of the limited liability company:

NameAddress

DeeAnn Cox

709 Sparks St N Twin Falls ID 83301

5. Mailing address for future correspondence (annual report notices):

709 Sparks St N Twin Falls ID 83301

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature

Typed Name: Johnny Cox

Signature

Typed Name:

at least one member or manager of the limited liability

Secretary of State use only

IDAHO SECRETARY OF STATE

02/11/2015 05:00

CK:2569440 CT:172099 BH:1461366

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