



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2014 JAN -6 AM 10: 13

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Blue Triune Design LLC

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

635 1/2 warm springs ave Boise, ID 83712

(Street Address)

(Mailing Address, if different than street address)

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

Shari Olivieri

(Name)

635 1/2 warm springs ave Boise, ID 83712

(Street Address)

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

Name

Address

Shari S. Olivieri

635 1/2 warm springs ave Boise, ID 83712

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

635 1/2 warm springs ave Boise, ID 83712

6. Future effective date of filing (optional): _____

Signature of a manager, member or authorized person.

Signature Shari S. Olivieri

Typed Name: Shari Olivieri

Signature _____

Typed Name: _____

Secretary of State use only

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