

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application) 09 JUN 19 PM 2: 09

1.	The name of the limited liability company	y is: SECRETARY OF STATE STATE OF IDAHO
	Ampersar	nd Studios LLC
2.	The complete street and mailing address	es of the initial designated/principal office:
		Rd. Boise Idaho 83709
	(Street Address)	
	(Mailing Address, if different than street address)	
3.	The name and complete street address of	of the registered agent:
	C. Nichole Rowley	6223 Kirkwood Rd. Boise Idaho 83709
	(Name) (Stre	eet Address)
4.	The name and address of at least one me company:	ember or manager of the limited liability
	Name	<u>Address</u>
	Francesca Wilson	1214 Michigan Ave. Boise Idaho 83706
	C. Nichole Rowley	6223 Kirkwood Rd. Boise Idaho 83709
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5.		
	6223 KIRWOOD K	Rd. Boise Idaho 83709
e	Future effective data of filing (antional):	
0.	Future effective date of filing (optional): _	
Ci~		
_	nature of organizer(s). (An organizer is a memb ng in behalf of a member or members).	per, or is
aotii	ing it bending of members.	Secretary of State use only
Sig	nature 1 /2 nave co ( 2. S	FC PM
Тур	ped Name Francesca Wilson	IDAHO SECRETARY OF STATE
Sia	nature /////	IDAHO SECRETARY OF STATE    D6/19/2009 95: 200   CK: 266804 CT: 172899 3H: 117559   1 9 100.00 = 100.00 Organ LLC
_	ped Name: C. Nichoje Rowley	formst

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