

Signature____

Typed Name: _____

CERTIFICATE OF ORGANIZATION I IMITED LIABILITY COMPANY

HEER T ...

	LIMITED LIABIL		
	(Instructions on ba	ack of application)	
1.	The name of the limited liability company is:		SECF BY OF STATE STATE OF IDAHO
	BI	lue Eyed Girl Events, LLC	
2.	The complete street and mailing addresses of the initial designated/principal office: 15126 Una Street, Caldwell, Idaho 83607 (Street Address)		
3.	(Mailing Address, if different than street address) The name and complete street address of the registered agent:		
	Talie A. Elordi	15126 Una Street, Caldwell, Idaho 83607	
	(Name)	(Street Address)	
••	The name and address of at leas company: Name	Address	
	Talie A. Elordi	15126 Una Street, Caldw	ell, Idaho 83607
5.	Mailing address for future corresp	pondence (annual report n	otices):
	15126 Una Street, Caldwell, Idaho 836	607	<u></u>
6.	Future effective date of filing (opt	tional):	AA
_	nature of a manager, member son.	or authorized	
Sigi	nature Talie A. Elordi	ond.	Secretary of State use only
71			IDAHO SECRETARY OF STATE
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02/07/2011 05:00 CK: 4236 CT: 255212 BH: 1258836 1 0 100.00 = 100.00 ORGAN LLC N 2

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