



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

2012 FEB 29 PM 3:17
SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

AFFILIATE LABEL LLC

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

9 BUCK RUN, SAGLE, ID 83860

(Street Address)

(Mailing Address, if different than street address)

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

NATHAN OULMAN

(Name)

9 BUCK RUN, SAGLE, ID 83860

(Street Address)

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

Name

Address

NATHAN OULMAN - MEMBER

9 BUCK RUN, SAGLE, ID 83860

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

9 BUCK RUN, SAGLE, ID 83860

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature

Typed Name: Julia Greenberg-Aguilar (Authorized Person)

Signature

Typed Name:

Secretary of State use only

IDAHO SECRETARY OF STATE
02/29/2012 05:00
CK: 6285 CT: 267594 BH: 1312915
1 @ 100.00 = 100.00 ORGAN LLC # 2

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