





STATE OF IDAHO

Office of the secretary of state, Lawerence Denney CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

Idaho Secretary of State PO Box 83720 Boise, ID 83720-0080 (208) 334-2301 Filing Fee: \$100.00 For Office Use Only

-FILED-

File #: 0004888508

Date Filed: 9/7/2022 12:50:10 PM

| | y ma Day Sanjiga (aga | Standard (filing fee \$100) | |
|--|-------------------------------|------------------------------------|----------------|
| Select one: Standard, Expedited or Sar descriptions below) | The Day Service (see | Standard (IIIIIIg lee \$100) | |
| 1. Limited Liability Company Name | | | |
| Type of Limited Liability Company | | Limited Liability Company | |
| Entity name | | Authenticity Out Loud LLC | |
| 2. The complete street address of the principal office | e is: | | |
| Principal Office Address | | 495 E FOX BAY ST | |
| | | KUNA, ID 83634 | |
| 3. The mailing address of the principal office is: | | | |
| Mailing Address | | 495 E FOX BAY ST | |
| | _ | KUNA, ID 83634-4853 | |
| 4. Registered Agent Name and Address | | | |
| Registered Agent | | Registered Agent | |
| | | Kelly Crowe Physical Address: | |
| | | 495 E FOX BAY ST | |
| | | KUNA, ID 83634 | |
| | | Mailing Address: | |
| | | 495 E FOX BAY ST | |
| | | KUNA, ID 83634-4853 | |
| | | | |
| ☑ I affirm that the registered agent ap | pointed has consented | I to serve as registered agent for | this entity. |
| | pointed has consented | I to serve as registered agent for | r this entity. |
| | pointed has consented | I to serve as registered agent for | r this entity. |
| 5. Governors | 495 E FOX BAKUNA, ID 8363 | Address Y ST | r this entity. |
| 5. Governors Name Kelly Crowe | 495 E FOX BA | Address Y ST | r this entity. |
| 5. Governors Name | 495 E FOX BA KUNA, ID 8363 | Address Y ST 34 | 99/07/2022 |