







## STATE OF IDAHO Office of the secretary of state, Phil McGrane **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 #: 0006156858

Date Filed: 3/11/2025 3:58:59 PM

Certificate of Organization Limited Liability Company Select one: Standard, Expedited or Same Day Sedescriptions below)	ervice (see Standard (filing fee \$100)
1. Limited Liability Company Name	
Type of Limited Liability Company	Limited Liability Company
Entity name	Narrative Lens LLC
2. The complete street address of the principal office is:	
Principal Office Address	NARRATIVE LENS LLC
	125 GARFIELD STREET IDAHO FALLS, ID 83402
3. The mailing address of the principal office is:	NA DDATIVE LENG LLO
Mailing Address	NARRATIVE LENS LLC 125 GARFIELD ST
	IDAHO FALLS, ID 83402-2231
4 D	
Registered Agent Name and Address     Registered Agent	Registered Agent
Registered Agent	Maria T Jarman
	Physical Address:
	NÁRRATIVE LENS LLC
	125 GARFIELD ST
	IDAHO FALLS, ID 83402-2231
	Mailing Address: NARRATIVE LENS LLC
	125 GARFIELD ST
	IDAHO FALLS, ID 83402-2231
I affirm that the registered agent appointed ha	as consented to serve as registered agent for this entity.
5. Governors	
Name	Address
Maria Teresa Jarman	NARRATIVE LENS LLC
	125 GARFIELD ST
	IDAHO FALLS, ID 83402-2231
Signature of Organizer:	
Maria Teresa Jarman	03/11/2025
Sign Here	Date