



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

2013 SEP 16 AM 9:56

(Instructions on back of application)

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Dark Secrets L.L.C

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

539 Maple Dr. Rexburg Idaho 83440

(Street Address)

(Mailing Address, if different than street address)

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

Allysun Christensen

(Name)

539 Maple Dr. Rexburg, Idaho 83440

(Street Address)

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

Name

Address

Allysun Christensen

539 Maple Dr. Rexburg, Idaho 83440

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

539 Maple Dr. Rexburg Idaho 83440

6. Future effective date of filing (optional): _____

Signature of a manager, member or authorized person.

Signature Allysun Christensen

Typed Name: Allysun Christensen

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
09/16/2013 05:00
CK: 2492 CT: 207506 BH: 1390239
1 @ 100.00 = 100.00 ORGAN LLC # 2

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