



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

Title 30, Chapters 21 and 25, Idaho Code

Filing fee: \$100 typed, \$120 not typed

Complete and submit the application in duplicate.

FILED EFFECTIVE

2017 APR -6 AM 8:48

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

SMBstories, LLC

(Remember to include the words "Limited Liability Company" or the abbreviations L.L.C., LLC, or LC)

2. The complete street and mailing addresses of the principal office is:

545 Shoup Ave #250, Idaho Falls, Idaho 83402

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

Leland Faux

545 Shoup Ave #250, Idaho Falls, Idaho 83402

4. The name and address of at least one governor of the limited liability company:

Leland Faux

545 Shoup Ave #250, Idaho Falls, Idaho 83402

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

545 Shoup Ave #250, Idaho Falls, Idaho 83402

Signature of organizer(s).

Signature: Leland K Faux

Printed Name: Leland K. Faux

Signature: _____

Printed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

04/06/2017 05:00

CK:999712604 CT:337490 BH:1577625

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