



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

12 JAN 31 AM 10: 16

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Myth, LLC

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

3306 Wilson 23701 Boise, ID
 (Street Address)

P.O. Box 50027 83705-0961 Boise, ID
 (Mailing Address, if different than street address)

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

Nicholas Domney
 (Name)

370-1808 Lemhi Boise ID 83705
 (Street Address)

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

Name

Address

Nicholas Domney 1808 Lemhi 83705 Boise, Idaho

Christopher Bensler 3812 Summerset way 83709 Boise ID

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

P.O. Box 50027 83705-0961 Boise, Idaho

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

Signature of a manager, member or authorized person.

Signature Nicholas Domney

Typed Name: Nicholas Domney

Signature Christopher Bensler

Typed Name: Christopher Bensler

Secretary of State use only

IDAHO SECRETARY OF STATE
 01/31/2012 05:00
 CK: 690767 CT: 172099 BH: 1308549
 1 @ 100.00 = 100.00 ORGAN LLC # 2