



# 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 Winsom 83701 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 Domey  
(Name)

~~3306~~ 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
<u>Nicholas Domey</u>	<u>1808 Lemhi 83705 Boise, Idaho</u>
<u>Christopher Benben</u>	<u>3812 Summeret way 83709 Boise ID</u>

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 Domey

Typed Name:

Nicholas Domey

Signature

Christopher Benben

Typed Name:

Christopher Benben

Secretary of State use only

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01/31/2012 05:00  
CK: 898767 CT: 172099 BH: 1308549  
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