



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

(Instructions on back of application)

2015 APR -8 AM 8:20

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Leson Promotions LLC

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

408 E Sherman Ave Suite 212 Lewiston ID, 83504
(Street Address)

P.O. Box 729 Post Falls ID 83857
(Mailing Address, if different than street address)

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

Matthew Benicarella
(Name)

408 E Sherman Ave Suite 212 Lewiston ID, 83504
(Street Address)

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

Name	Address
<u>Matthew Benicarella</u>	<u>P.O. Box 729 Post Falls ID, 83857</u>
_____	_____
_____	_____
_____	_____
_____	_____

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

P.O. Box 729 Post Falls ID, 83857

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

Signature of a manager, member or authorized person.

Signature [Signature]
Typed Name: Matthew Benicarella

Signature _____
Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
04/06/2015 05:00
 CR:388 CT:200652 BH:1469924
 1@ 100.00 = 100.00 ORGAN LLC #2

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