

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY 11 APR -1 PM 2: 05

(Instructions on back of application) STATE (ARY UF STATE

,	STATE OF IDAHO
1. The name of the limited liability company is:	STATE OF TUAHU
Expressing You LLC	
2. The complete street and mailing addresses of	
(Street Address)	a, ID 83686
(Mailing Address, if different than street address)	
3. The name and complete street address of the	registered agent:
Jessyka Parsons 1841 (Name) (Street Add	W. Creek Ct. Numpa, ID 83686 Iress)
4. The name and address of at least one member company:	er or manager of the limited liability
Jessyka Parsons 1841	W. Creek Ct. Nampa, ID 83686
<u>-</u>	
5. Mailing address for future correspondence (ar	anual report notices):
1841 W. Creek Ct. Nampa, II	
TO THE OUT CLEEK CIT, TOWN PRINTS	
Future effective date of filing (optional):	
Signature of a manager, member or authorize person.	∍d
	Secretary of State use only
Signature les for larsons	non.
Typed Name: 1 Jessifa farso	(A)
Signature	IDAHO SECRETARY OF STATE 94/91/2911 95.00
Typed Name:	CK: 644501 CT: 172099 BH: 126726

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