

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

2015 HAR 16 AM 9: 17

The name of the limited liability company is:  REVIVAL PHOTOGRAPHY. LLC  The complete street and mailing addresses of the initial designated/principal office: 233 Preston Dr., Lewiston. ID 83501  [Street Address]  [Mailing Address, if different tran street address)  The name and complete street address of the registered agent:  LEGALINC CORPORATE SERVICES INC  [Street Address]  The name and address of at least one member or manager of the limited liability company:  Name  Address  Elizabeth Bodden  1482 Terrace Dr. Clarkston. WA 99403  Benjamin Myklebust  233 Preston Dr. Lewiston. ID 83501  Future effective date of filing (optional):  gnature of organizer(s). (An organizer is a member, or is ing in behalf, of a member or members).  Secretary of State use only  ped Name:  MARSHA SIHA  IDANO SECRETARY OF STATE  B3/16/2015 05: 05  CK: 33666 CT: 187501. BR: 14663  16 100.00 = 100.00 CRGAN LLC  CK: 33666 CT: 187501. BR: 14663  16 100.00 = 100.00 CRGAN LLC		(Instructions on back	k of application)	SECRETARY OF STATE STATE OF IDAHO
The complete street and mailing addresses of the initial designated/principal office:  233 Preston Dr. Lewiston, ID 83501 (Street Address)  The name and complete street address)  The name and complete street address of the registered agent:  LEGALINC CORPORATE SERVICES INC 950 W BANNOCK STREET, SUITE 1100. BOISE, ID 83702 (Name)  (Street Address)  The name and address of at least one member or manager of the limited liability company:  Name Address  Elizabeth Bodden 1482 Terrace Dr. Clarkston, WA 99403  Benjamin Myklebust 233 Preston Dr. Lewiston, ID 83501  Mailling address for future correspondence (annual report notices):  233 Preston Dr. Lewiston, ID 83501  Future effective date of filing (optional):  gnature of organizer(s). (An organizer is a member, or is ing in behalf of member or members).  Secretary of State use only oped Name:  Ba3/16/2015 05:00  CK: 33666 CT: 187501 BH: 14666	1. The nam	ne of the limited liability co.	the limited liability company is:	
233 Preston Dr. Lewiston, ID 83501 (Street Address)  (Mailing Address, if different than street address)  The name and complete street address of the registered agent:  LEGALING CORPORATE SERVICES INC (Street Address)  The name and address of at least one member or manager of the limited liability company:  Name  Address  Elizabeth Bodden  1482 Terrace Dr. Clarkston, WA 99403  Benjamin Myklebust  233 Preston Dr. Lewiston, ID 83501  Mailing address for future correspondence (annual report notices):  233 Preston Dr. Lewiston, ID 83501  Future effective date of filing (optional):  gnature of organizer(s). (An organizer is a member, or is ing in behalf of a member or members)  ped Name:  MARSHA SIHA  IDANO SECRETARY OF STATE  B3/16/2015 05:08  CK: 33666 CT: 187501 BH: 14666	REVIVAL	L PHOTOGRAPHY, LLC		
(Street Address) (Mailling Address, if different tran street address)  The name and complete street address of the registered agent:  LEGALINC CORPORATE SERVICES INC 950 W BANNOCK STREET, SUITE 1100. BOISE, ID 83702 (Street Address)  The name and address of at least one member or manager of the limited liability company:  Name Address  Elizabeth Bodden 1482 Terrace Dr. Clarkston, WA 99403  Benjamin Myklebust 233 Preston Dr. Lewiston, ID 83501  Mailling address for future correspondence (annual report notices): 233 Preston Dr. Lewiston, ID 83501  Future effective date of filing (optional):  gnature of organizer(s). (An organizer is a member, or is ing in behalf of a member or members):  prod Name:  MARSHA SIHA  IDANO SECRETARY OF STATE B 3/16/2015 05:00  DEX:33666 CT:187501 BR:14662	2. The com	plete street and mailing ac	dresses of the ini	tial designated/principal office:
(Mailing Address, if different than street address)  The name and complete street address of the registered agent:  LEGALINC CORPORATE SERVICES INC 950 W BANNOCK STREET, SUITE 1100, BOISE, ID 83702 (Street Address)  The name and address of at least one member or manager of the limited liability company:  Name Address  Elizabeth Bodden 1482 Terrace Dr. Clarkston, VVA 99403  Benjamin Myklebust 233 Preston Dr., Lewiston, ID 83501  Mailing address for future correspondence (annual report notices): 233 Preston Dr., Lewiston, ID 83501  Future effective date of filling (optional):  gnature of organizer(s), (An organizer is a member, or is ing in behalf of a member or members):  gnature MARSHA SIHA  pred Name: MARSHA SIHA  IDANO SECRETARY OF STATE  B 3/16/2015 05: 08  DECK: 33666 CT: 187501 BR: 14662				
The name and complete street address of the registered agent:  LEGALINC CORPORATE SERVICES INC 950 W BANNOCK STREET, SUITE 1100. BOISE, ID 83702 (Street Address)  The name and address of at least one member or manager of the limited liability company:  Name Address  Elizabeth Bodden 1482 Terrace Dr. Clarkston, WA 99403  Benjamin Myklebust 233 Preston Dr., Lewiston, ID 83501  Mailling address for future correspondence (annual report notices): 233 Preston Dr., Lewiston, ID 83501  Future effective date of filing (optional):  gnature of organizer(s). (An organizer is a member, or is ing in behalf of a member or members).  Secretary of State use only  DANO SECRETARY OF STATE  B3/16/2015 05:08  ped Name: DANO SECRETARY OF STATE  B3/16/2015 05:08  CK: 33666 CT: 187501 BH: 14662	(Street Add	dress)		
LEGALINC CORPORATE SERVICES INC (Street Address)  The name and address of at least one member or manager of the limited liability company:  Name Address  Elizabeth Bodden 1482 Terrace Dr. Clarkston, WA 99403  Benjamin Myklebust 233 Preston Dr., Lewiston, ID 83501  Mailling address for future correspondence (annual report notices): 233 Preston Dr., Lewiston, ID 83501  Future effective date of filing (optional):  gnature of organizer(s). (An organizer is a member, or is ing in behalf of a member or members)  ped Name: MARSHA SIHA  IDANO SECRETARY OF STATE 93/16/2015 05:08  ped Name: MARSHA SIHA  IDANO SECRETARY OF STATE 93/16/2015 05:08  CX:33666 CT:187501 BH:14662	(Mailing Ad	ddress, if different than street address)		
The name and address of at least one member or manager of the limited liability company:  Name Address Elizabeth Bodden 1482 Terrace Dr. Clarkston, WA 99403  Benjamin Myklebust 233 Preston Dr., Lewiston, ID 83501  Mailling address for future correspondence (annual report notices): 233 Preston Dr., Lewiston, ID 83501  Future effective date of filling (optional):  gnature of organizer(s), (An organizer is a member, or is ing in behalf of a member or members)  gnature MARSHA SIHA  IDANO SECRETARY OF STATE B3/16/2015 05:00  ped Name:  B3/16/2015 05:00  CK:33666 CT:187501 BH:14666	3. The nam	ne and complete street add	ress of the registe	ered agent:
The name and address of at least one member or manager of the limited liability company:  Name  Address  Elizabeth Bodden  Benjamin Myklebust  233 Preston Dr. Lewiston, ID 83501  Mailling address for future correspondence (annual report notices): 233 Preston Dr., Lewiston, ID 83501  Future effective date of filing (optional):  gnature of organizer(s). (An organizer is a member, or is ing in behalf of a member or members).  Secretary of State use only  ped Name:  MARSHA SIHA  IDANO SECRETARY OF STATE  B3/16/2015 05:00  CK:33666 CT:187501 BH:14666	LEGALIN	IC CORPORATE SERVICES INC	950 W BANNOCK	STREET, SUITE 1100. BOISE, ID 83702
Elizabeth Bodden 1482 Terrace Dr. Clarkston, WA 99403  Benjamin Myklebust 233 Preston Dr. Lewiston, ID 83501  Mailling address for future correspondence (annual report notices): 233 Preston Dr. Lewiston, ID 83501  Future effective date of filing (optional):  gnature of organizer(s). (An organizer is a member, or is ing in behalf of a member or members):  gnature MARSHA SIHA  pad Name: MARSHA SIHA  IDAHO SECRETARY OF STATE B3/16/2015 05:00  CK:33666 CT:187501 BH:14666	(Name)		(Street Address)	
Elizabeth Bodden  1482 Terrace Dr. Clarkston, WA 99403  Benjamin Myklebust  233 Preston Dr., Lewiston, ID 83501  Mailling address for future correspondence (annual report notices): 233 Preston Dr., Lewiston, ID 83501  Future effective date of filling (optional):  gnature of organizer(s). (An organizer is a member, or is ing in behalf of a member or members).  Secretary of State use only  gnature  ped Name: MARSHA SIHA  IDANO SECRETARY OF STATE  B3/16/2015 05:00  ped Name: CK:33666 CT:187501 BH:14666		y:	one member or m	
Benjamin Myklebust  233 Preston Dr., Lewiston, ID 83501  Mailling address for future correspondence (annual report notices): 233 Preston Dr., Lewiston, ID 83501  Future effective date of filling (optional):  gnature of organizer(s). (An organizer is a member, or is ing in behalf of a member or members)  gnature MARSHA SIHA  iDANO SECRETARY OF STATE  83/16/2015 05:00  ped Name:  CK:33666 CT:187501 EH:14663	<del>-</del>			
Mailing address for future correspondence (annual report notices):  233 Preston Dr., Lewiston, ID 83501  Future effective date of filing (optional):  gnature of organizer(s). (An organizer is a member, or is ing in behalf of a member or members)  gnature  ped Name: MARSHA SIHA  IDAHO SECRETARY OF STATE  93/16/2015 05:00  DECK: 33666 CT: 187501 BH: 1466				
Future effective date of filing (optional):  gnature of organizer(s). (An organizer is a member, or is ing in behalf of a member or members)  gnature  ped Name: MARSHA SIHA  IDAHO SECRETARY OF STATE  93/16/2015 05:00  ped Name: CK:33666 CT:187501 EH:14663	Benjamin	n Myklebust	233 Preston Dr Le	wiston, ID 83501
Future effective date of filing (optional):  gnature of organizer(s). (An organizer is a member, or is ing in behalf of a member or members)  gnature  ped Name: MARSHA SIHA  IDAHO SECRETARY OF STATE  93/16/2015 05:00  ped Name: CK:33666 CT:187501 EH:14663			, <u>, , , , , , , , , , , , , , , , , , </u>	
Future effective date of filing (optional):  gnature of organizer(s). (An organizer is a member, or is ing in behalf of a member or members)  gnature  ped Name: MARSHA SIHA  IDAHO SECRETARY OF STATE  93/16/2015 05:00  ped Name: CK:33666 CT:187501 EH:14663				
Future effective date of filing (optional):  gnature of organizer(s). (An organizer is a member, or is ing in behalf of a member or members)  gnature  ped Name: MARSHA SIHA  IDAHO SECRETARY OF STATE  93/16/2015 05:00  ped Name: CK:33666 CT:187501 EH:14663				
Future effective date of filing (optional):  gnature of organizer(s). (An organizer is a member, or is ing in behalf of a member or members)  gnature  ped Name: MARSHA SIHA  IDAHO SECRETARY OF STATE  93/16/2015 05:00  ped Name: CK:33666 CT:187501 EH:14663				
Future effective date of filing (optional):  gnature of organizer(s). (An organizer is a member, or is ing in behalf of a member or members).  gnature  ped Name: MARSHA SIHA  IDAHO SECRETARY OF STATE  By 100 Dec 10				
Future effective date of filing (optional):  gnature of organizer(s). (An organizer is a member, or is ing in behalf of a member or members)  gnature	5. Mailing a	address for future correspon	ndence (annual re	eport notices):
gnature of organizer(s). (An organizer is a member, or is ing in behalf of a member or members).  Secretary of State use only  Secretary of State use only  DAHO SECRETARY OF STATE  ON O	233 Pres	ton Dr., . Lewiston, ID 83501		
gnature of organizer(s). (An organizer is a member, or is ing in behalf of a member or members).  Secretary of State use only  Secretary of State use only  DAHO SECRETARY OF STATE  ON O	S Future e	ffective date of filing (option	nal):	
Secretary of State use only  Secretary of State use only  Ped Name: MARSHA SIHA  IDAHO SECRETARY OF STATE  Onature 03/16/2015 05:00  Ped Name: CK:33666 CT:187501 BH:14663	o. Talaic c	nective date of fining (option	itary.	
Secretary of State use only  Secretary of State use only  Ped Name: MARSHA SIHA  IDAHO SECRETARY OF STATE  Onature 03/16/2015 05:00  Ped Name: CK:33666 CT:187501 BH:14663	ignature of	organizer(s), (An organizer is :	a member, or is	
ped Name: MARSHA SIHA  ped Name: MARSHA SIHA  properties		*		
ped Name: MARSHA SIHA    10		Wich May 2	Q	Secretary of State use only
ped Name: IDAHO SECRETARY OF STATE  Onature 03/16/2015 05:00  ped Name: CK:33666 CT:187501 BH:14663	-	MARSHA SIHA	Org Fic	
ped Name:   588   IDAHO SECRETARY OF STATE	урва маше	HAROTIN OILIA	13 Keert	
ped Name: CK:33666 CT:187501 BH:14663	ianature		15 form	
3 16 100.00 = 100.00 ORGAN LLC	•		Orms IL.	
	/ - · · · · · · · · · · · · · · · · · ·	+		