



CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

(Instructions on back of application)

10 FEB 24 AM 8:17

1. The name of the limited liability company is:

Newlifestyle Music LLC

SECRETARY OF STATE
STATE OF IDAHO

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

495 Lakeshore Dr Sagle ID 83860

(Street Address)

(Mailing Address, if different than street address)

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

Barry Eggehorn

495 Lakeshore Dr Sagle ID 83860

(Name)

(Street Address)

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

Name

Address

Barry Eggehorn

495 Lakeshore Dr Sagle ID 83860

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

495 Lakeshore Dr Sagle ID 83860

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

Signature of organizer(s). (An organizer is a member, or is acting in behalf of a member or members).

Signature _____

Typed Name: _____

Barry Eggehorn

Signature _____

Typed Name: _____

Secretary of State use only

W90919

IDAHO SECRETARY OF STATE
02/24/2018 05:00
CK: 391838 CT: 172899 BH: 1289499
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Revised 07/2008