



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE
2015 FEB -2 AM 9:37

(Instructions on back of application)

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Photography By Amanda Jayne LLC

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

6133 W Maine St, Spirit Lake, ID 83869
(Street Address)

PO Box 204, Spirit Lake, ID 83869
(Mailing Address, if different than street address)

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

Amanda J Grace
(Name)

32389 Park, Spirit Lake, ID
(Street Address)

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

| <u>Name</u> | <u>Address</u> |
|-----------------------|------------------------------------|
| <u>Amanda J Grace</u> | <u>32389 Park, Spirit Lake, ID</u> |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

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

PO Box 204, Spirit Lake, ID 83869

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

Signature of a manager, member or authorized person.

Signature

Typed Name: Amanda J Grace

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
02/02/2015 05:00
CK:1576 CT:284180 BH:1459918
1@ 100.00 = 100.00 ORGAN LLC #2

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