

Signature

Typed Name: _

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

11 APR -5 AM 8: 25

-859	(Instructions on ba	ack of application)	SECRE BY OF STATE
1. The	name of the limited liability of	company is:	SECAL BY OF STATE
	Ad	Ivantage Productions, LLC	
568	complete street and mailing 30 E Franklin Rd. Ste. 100 Nampa et Address)		designated/principal office:
(Mai	ling Address, if different than street address	s)	
. The	The name and complete street address of the registered agent:		
Dor	n Wixom	16670 Rose Briar Ln.	Nampa, ID 83687
(Nar	me)	(Street Address)	
com	name and address of at leas pany: Name Nixom	16670 Rose Briar Ln.	Address
	Mailing address for future correspondence (annual report notices): 5680 E Franklin Rd. Ste. 100 Nampa, ID 83687		
. Futu	ure effective date of filing (opt	iional): April 15, 2011	
-	re of a manager, member	or authorized	
erson.	- Daylast		Secretary of State use only
ignatur	lame: Don Wixom		
hea 1/	iailie		

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IDAHO SECRETARY OF STATE

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CK: 5155 CT: 175209 BH: 1267737
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