

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

11.JUN 30 AM 8: 39

| TE Y | (Instructions on ba | ack of application) |
|------|---|--|
| 1. | The name of the limited liability | company is: SECTOR Y CF STATE STATE OF IDAHO |
| | · | Barbarian Books, LLC |
| 2. | The complete street and mailing addresses of the initial designated/principal office: 5855 S. Orchid Way, Boise, ID 83716 | |
| | (Street Address) | |
| | (Mailing Address, if different than street address) | |
| 3. | The name and complete street address of the registered agent: | |
| | Bruce Demaree | 5855 S. Orchid Way, Boise, ID 83716 |
| | (Name) | (Street Address) |
| 4. | The name and address of at least one member or manager of the limited liability company: | |
| | Name | Address |
| | Conda Douglas | 5855 S. Orchid Way, Boise, ID 83716 |
| | Bruce Demaree | 5855 S. Orchid Way, Boise, ID 83716 |
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| 5. | Mailing address for future correspondence (annual report notices): | |
| | 5855 S. Orchid Way, Boise, ID 83716 | |
| 6. | Future effective date of filing (optional): | |
| | nature of a manager, member | or authorized |
| • | son. nature <u>Conda Dond</u> | Secretary of State use only |
| _ | | |
| ı y[| ped Name: Conda Douglas // | |

Signature Bruce Persone

Typed Name: Bruce Demaree

IDAHO SECRETARY OF STATE 06/30/2011 05:00 CK: 1879 CT: 268262 BH: 1288618 1 8 189.00 = 198.00 ORGAN LLC # 2

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