



0003529833



**STATE OF IDAHO**  
*Office of the secretary of state, Lawrence Denney*  
**CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY**

Idaho Secretary of State  
PO Box 83720  
Boise, ID 83720-0080  
(208) 334-2301  
Filing Fee: \$100.00 - Make Checks Payable to Secretary of State

For Office Use Only

**-FILED-**

File #: 0003529833

Date Filed: 6/3/2019 11:55:26 AM

|  |                   |  |
|--|-------------------|--|
| Certificate of Organization Limited Liability Company<br>Standard or Expedited Service (select one)                            |                   | Expedited (+\$20; filing fee \$120)  |
| 1. Limited Liability Company Name<br>Entity name   |                   | vivid colors llc   |
| 2. The complete street address of the principal office is:<br>Principal Office Address   |                   | 616 7TH AVE S<br>NAMPA, ID 83651   |
| 3. The mailing address of the principal office is:<br>Mailing Address  |                   | 616 7TH AVE S<br>NAMPA, ID 83651-4172  |
| 4. Registered Agent Name and Address<br>Registered Agent   |                   | Registered Agent<br>danny d jagers<br>Physical Address:<br>616 7TH AVE S<br>NAMPA, ID 83651<br>Mailing Address:<br>616 7TH AVE S<br>NAMPA, ID 83651-4172 |
| 5. Governors   |                   |  |
|  |                   |  |
|  | Name              | Address  |
|  | marckus sp conway | 616 7TH AVE S<br>NAMPA, ID 83651   |
|  | danny d jagers    | 616 7TH AVE S<br>NAMPA, ID 83651   |
| Signature of Organizer:<br><i>marckus conway</i><br>Sign Here  |                   | <u>06/03/2019</u><br>Date  |
| Print & Mail Enclosures  |                   |  |
| <input checked="" type="checkbox"/> I understand the document can ONLY be filed if the following items are included:           |                   |  |
| Payment in the amount of \$100.00 (if expedited, \$120) - checks payable to the Secretary of State, signed and recently dated. |                   |  |
| This filing form (submit within 30 days) with the required signature(s).   |                   |  |

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