

CERTIFICATE OF ORGANIZATION EFFECTIVE

(Instructions on back of application)

09 SEP 15 AM 8- 15

1.	The name of the limited liability compar	ny is:	SECHETARY OF STATE	
	Gra	rviko Studio _{LLC}	STATE OF IDAHO	
2.	The complete street and mailing addresses of the initial designated/principal office:			
	2489 W Quintale Meridian ID 83 (Street Address)	364 <u>6</u>		
	3210 E Chinden Blvd PMB 115-433 (Mailing Address, if different than street address)	Eagle, ID 836	86	
3.	The name and complete street address	of the registered	agent:	
	Kyan Newman (Si	2489 W Quintale	Meridian ID 83646	
	,			
4.	The name and address of at least one necompany:	nember or manag	er of the limited liability	
	Name		Address	
	Kyan Newman 2	2489 W Quintale	Meridian ID 83646	
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		T		
5.	Mailing address for future corresponden	ce (annual report	notices):	
	2489 W Quintale Meridian	ID 83646	*	
6.	Future effective date of filing (optional):			
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Sig	nature of organizer(s). (An organizer is a mer	nber, or is		
_	ng in behalf of a member or members).	V 100 00 00 00 00 00 00 00 00 00 00 00 00	Occasions of Chaleston and	
		Q.	Secretary of State use only	
_	nature			7 × 4 × 2
Тур	ped Name: Kyan Newman			
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_	nature		IDAHO SECRETARY (F STATE
Typ	oed Name:		89/15/2 609	95 = 99 No. 1187829

IDAHO SECRETARY OF STATE 69/15/2009 05 200 CK: 2629 CT: 215911 BH: 1187829 1 8 100.00 = 100.00 ORGAN LLC N 2