

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

| | (Instructions | s on back of application) | FILED EFFECTIVE 2014 APR 17 AM 8: 43 | |
|--------------------------|--|---|---|--|
| 1. | The name of the limited liability company is: | | FOLIME I I MIL O. GO | |
| | H & H Printing LLC. | • | SECRETARIA SINIE | |
| 2. | The complete street and mailing addresses of the initial designated office: 1116 E. Soapstone Ct. Kuna ID 83634 | | | |
| | (Street Address) | | | |
| | (Mailing Address, if different than street address) | | | |
| 3. | The name and complete street address of the registered agent: | | | |
| | Chadd Harris | 1116 E. Soapstor | ne Ct. Kuna ID 83634 | |
| | (Name) | (Street Address) | | |
| 4. | The name and address of at least one member or manager of the limited liability company: | | | |
| | Name Chadd Hamis | Address 1116 E. Soapstone Ct. Kuna ID 83634 | | |
| | | | | |
| | Shelby Harris 1116 E. Soapstone Ct. Kuna ID 83634 | | | |
| 5 | Mailing address for future | correspondence (appual r | enart natices): | |
| | 1116 E. Soapstone Ct. Kuna II | • | | |
| 6. | Future effective date of filing | ng (optional): | | |
| _ | nature of a manager, me | ember or authorized | | |
| | - (/ / ne | 1/2 | Secretary of State use only IDANO SECRETARY OF STATE | |
| Typed Name: Chadd Harris | | | 04/17/2014 05:00 | |
| Гур | ped Name: Chadd Harris | | CK:1620 CT:295772 BH:142062 16 100.00 = 100.00 ORGAN LLC | |
| Sign | nature Sulla Haz | ا | W 136828 | |
| • | ped Name: Shelpy Harris | - | W 1000-10 | |
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