

CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY 10 DEC -9 PM 1: 20

	IILU LIABILII I	CUMPAINT	PM 1: 28
	(Instructions on back of	application)	SECA STATE OF IDAHO
1. The name of	the limited liability compa	any is:	OF IDAHO
Medi	a Knievel, L	_LC.	
	_		esignated/principal office:
420 (Street Address)	<u>iolconda Priv</u>	je	
	Ifferent than street address)	33	
	complete street address		gaent:
·	*		
Mark (Name)	Sullivan (H20 Golcon Street Address)	da Drive
The name and company:	address of at least one	member or manag	er of the limited liability
. 4	Name		Address
M	ark Sullivan	420 Golc	onda Dr.
Elizab	eth Sullivan_	(Barre as	above
		······································	
			ર્ટ પ્
-	s for future corresponde	•	•
42	o Golconda	Drive Hai	iley ID 83333
6. Future effective	e date of filing (optional):		
o Glaid directive	care or ming topustion.		
Signature of a ma	anager, member or au	thorized	
1.1	25 ml		Secretary of State use only
Typed Name: M	ok Sullivano		IDANO SECRETARY OF STATE

IDAHO SECRETARY OF STATE 12/09/2010 05:00 CX: 2722 CT: 223952 BH: 1258293 1 0 180.08 = 180.00 ORGAN LLC # 2

W98631

yped Name. Trace Solly

Signature Clinalist Juliero

Typed Name: Elizabeth Juliero

cert can lie Day 07/2016