	ORGANIZATION	FILED EFFECTIVE 2015 JAN -5 AM 9:04
(Instructions on ba	ack of application)	
1. The name of the limited liability of	company is:	SECONTE OF IDAHO
TCRollingFilms, LLC		
2. The complete street and mailing 310 S. 11th Ave Pocatello, ID 83201 (Street Address)	addresses of the initial des	signated office:
(Mailing Address, if different than street addres	s)	
3. The name and complete street a	ddress of the registered ag	lent:
Travis Williams	310 S. 11th Ave Pocatello	ID 83201
(Name)	(Street Address)	,
company: <u>Name</u> Travis Williams	A 310 S. 11th Ave Pocatello	ddress , ID 83201
·		
 5. Mailing address for future correst 310 S. 11th Ave Pocatello, ID 83201 6. Future effective date of filing (option) 		otices):
Signature of a manager, member person.	or authorized	Secretary of State use only
Signature <u>Travis Williams</u> Typed Name: <u>Travis Williams</u> Signature <u>Samantha Williams</u>		IDANO SECRETARY OF STATE 01/05/2015 05:00 1159 CT:304771 BH:145555 00.00 = 100.00 ORGAN LLC
Typed Name: Samantha Williams	cert_org_llc Rev. 07/2010	W146080

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9/21/2012

Signature Matthew E Cardon			BILITY COMPANY		
Carmus Productions LLC String Company 2. The complete street and mailing addresses of the initial designated office: 1020 Northgate Mile, Idaho Falls, ID 83401 (Street Address) (Mailing Address, if different than street address) 3. The name and complete street address of the registered agent: Matthew F Cardon 4322 E. 49th S. Ammon , ID 83406 (Name) (Street Address) 4. The name and address of at least one member or manager of the limited liability company: Address Matthew F Cardon 4322 E. 49th S. Ammon , ID 83406 Lisa B Cardon 4322 E. 49th S. Ammon , ID 83406 Lisa B Cardon 4322 E. 49th S. Ammon , ID 83406 Street Address for future correspondence (annual report notices): 1020 Northgate Mile, Idaho Falls, ID 83401 6. Future effective date of filing (optional): Secretary of State use only State use only IDAHO SECRETARY OF STATE Signature Mathew Secretary of State use only IDAHO SECRETARY OF STATE	<u>Ser Ya</u>	(Instructions of	n back of application)	2015 JAN -5 AN O	
2. The complete street and mailing addresses of the initial designated office: 1020 Northgate Mile, Idaho Falls, ID 83401 (Street Address) (Mailing Address, if different than street address) 3. The name and complete street address of the registered agent: Matthew F Cardon 4322 E. 49th S. Ammon , ID 83406 (Name) (Street Address) 4. The name and address of at least one member or manager of the limited liability company: Name Address Matthew F Cardon 4322 E. 49th S. Ammon , ID 83406 Lisa B Cardon 4322 E. 49th S. Ammon , ID 83406 Lisa B Cardon 4322 E. 49th S. Ammon , ID 83406 Street Address for future correspondence (annual report notices): 1020 Northgate Mile, Idaho Falls, ID 83401 6. Future effective date of filing (optional):			ity company is:	\$500;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;	
1020 Northgate Mile, Idaho Falls, ID 83401 (Street Address) (Mailing Address, if different than street address) 3. The name and complete street address of the registered agent: Matthew F Cardon 4322 E. 49th S. Ammon , ID 83406 (Name) (Street Address) 4. The name and address of at least one member or manager of the limited liability company: Matthew F Cardon 4322 E. 49th S. Ammon , ID 83406 Lisa B Cardon 4322 E. 49th S. Ammon , ID 83406	····			——————————————————————————————————————	
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Matthew F Cardon 4322 E. 49th S. Ammon , ID 83406 (Name) (Street Address) 4. The name and address of at least one member or manager of the limited liability company: Address Matthew F Cardon 4322 E. 49th S. Ammon , ID 83406 Lisa B Cardon 4322 E. 49th S. Ammon , ID 83406 Lisa B Cardon 4322 E. 49th S. Ammon , ID 83406	(Mailing Address	, if different than street ac	ddress)		
(Name) (Street Address) 4. The name and address of at least one member or manager of the limited liability company: Address Matthew F Cardon 4322 E. 49th S. Ammon , ID 83406 Lisa B Cardon 4322 E. 49th S. Ammon , ID 83406	3. The name a	nd complete stree	et address of the registered	agent:	
4. The name and address of at least one member or manager of the limited liability company: Address Matthew F Cardon 4322 E. 49th S. Ammon , ID 83406 Lisa B Cardon 4322 E. 49th S. Ammon , ID 83406	Matthew F C	ardon	4322 E. 49th S. Ammo	on , ID 83406	
Name Address Matthew F Cardon 4322 E. 49th S. Ammon , ID 83406 Lisa B Cardon 4322 E. 49th S. Ammon , ID 83406	(Name)		(Street Address)		
1020 Northgate Mile, Idaho Falls, ID 83401 6. Future effective date of filing (optional): Signature of a manager, member or authorized Derson. Signature Mathematic Corrdon	Lisa B Cardo	·			
1020 Northgate Mile, Idaho Falls, ID 83401 6. Future effective date of filing (optional): Signature of a manager, member or authorized person. Signature Signature Mathematic Cardon	Lisa B Cardo				
1020 Northgate Mile, Idaho Falls, ID 83401 6. Future effective date of filing (optional): Signature of a manager, member or authorized person. Signature Signature Matthew E Carden	Lisa B Cardo				
1020 Northgate Mile, Idaho Falls, ID 83401 6. Future effective date of filing (optional): Signature of a manager, member or authorized Derson. Signature Mathematication Signature Mathematication Signature Mathematication	Lisa B Cardo				
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Signature of a manager, member or authorized person. Signature Matthew E Cardon	5. Mailing addr		respondence (annual repor		
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Signature	5. Mailing addr 1020 Northga	ate Mile, Idaho Falls,	respondence (annual repor ID 83401		
Motthow E Cardon	 Mailing addr 1020 Northga Future effect 	ate Mile, Idaho Falls, tive date of filing (respondence (annual repor ID 83401 (optional):		
Typed Name: Matthew F. Cardon 01/05/2015 05:00	 5. Mailing addr 1020 Northga 6. Future effect Signature of a 	ate Mile, Idaho Falls, tive date of filing (respondence (annual repor ID 83401 (optional):	t notices):	
CE-1144 CT-204777 RH-146	 Mailing addr 1020 Northga Future effect Signature of a berson. Signature/ 	ate Mile, Idaho Falls, tive date of filing (manager, memb WHAMA	respondence (annual repor ID 83401 (optional):	t notices):	
	 Mailing addr 1020 Northga Future effect Signature of a person. Signature 	ate Mile, Idaho Falls, tive date of filing (manager, memb WHAMA	respondence (annual repor ID 83401 (optional): ber or authorized	t notices): Secretary of State use only IDAHO SECRETARY OF STATE	

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CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY						
N.S.	(Instructions on back	of application)	2015 1000 -			
1.	The name of the limited liability con	npany is:	2015 JAN -5 AM S: 04 SEONE OF BUILTE			
	Carmus Productions LLC		SECRETE SERVICIE			
2.	The complete street and mailing add 1020 Northgate Mile, Idaho Falls, ID 8340	plete street and mailing addresses of the initial designated office:				
	(Street Address)	ng n	· 1977/sa			
	(Mailing Address, if different than street address)					
3.	The name and complete street addr	ess of the registered ag	gent:			
	Matthew F Cardon	4322 E. 49th S. Ammon ,	ID 83406			
	(Name)	(Street Address)				
	The name and address of at least of company:	·	-			
	<u>Name</u> Matthew F Cardon	<u>م</u> 4322 E. 49th S. Ammon	<u>address</u> , ID 83406			
	Lisa B Cardon	4322 E. 49th S. Ammon	, ID 83406			
5.	Mailing address for future correspon 1020 Northgate Mile, Idaho Falls, ID 8340	· ·	otices):			
6.	Future effective date of filing (option	al):				
Sigr pers	nature of a manager, member or son.	authorized				
Sign	nature Mith Mond		Secretary of State use only			
-	Signature IDAHO SECRETARY OF STATE Typed Name: Matthew F. Cardon 01/05/2015 05:00					
	1 0 0		1144 CT:304772 BH:1455552 00.00 = 100.00 ORGAN LLC #			
Sign	nature lise B. ('ua	m				
Туре	ed Name: <u>Lisa B Cardon</u>		W146079			

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