

Signature

Typed Name: Angela Rasmussen

## FILED EFFECTIVE **CERTIFICATE OF ORGANIZATION** LIMITED LIABILITY COMPANY2 JAN 12 AM 9: 10

(Instructions on back of application)

SECRETARY OF STATE

The experience street and mailin	MOD Studio LLC.
410 S. Jefferson Street, Moscow, I	ng addresses of the initial designated office:
(Street Address)	D 03043
(Mailing Address, if different than street add	iress)
The name and complete stree	t address of the registered agent:
Justin Rasmussen	410 S. Jefferson Street. Moscow, ID 83843
(Name)	(Street Address)
,,	(0.000)
The name and address of at le	east one member or manager of the limited liability
company:	the state of the s
<u>Name</u>	Address
Justin Rasmussen	410 S. Jefferson Street. Moscow, ID 83843
Angela Rasmussen	410 S. Jefferson Street. Moscow, ID 83843
Mailing address for future corr	espondence (annual report notices):
410 S. Jefferson Street. Moscow, I	D 83843
Future effective date of filing (	optional):
Future effective date of filing (	optional):
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nature of a manager, memb	er or authorized

IDAHO SECRETARY OF STATE
01/12/2012 05:00
CK: 1081 CT: 265884 BH: 1305888
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