(Instructions on back of application)	EFFECT
1. The name of the limited liability company is: SECRE STATE 2. The complete street and mailing addresses of the initial designated office: 6200 N River Pointe Dr, E102, Garden City, Id 83714 (Street Address) (Mailing Address, if different than street address) 3. The name and complete street address of the registered agent: Sherry Briscoe same as above (Name) (Street Address) 4. The name and address of at least one member or manager of the limited liab company: Name Address	TARY OF STATE
Chat Noir Press, LLC 2. The complete street and mailing addresses of the initial designated office: 6200 N River Pointe Dr, E102, Garden City, Id 83714 (Street Address) (Mailing Address, If different than street address) 3. The name and complete street address of the registered agent: Sherry Briscoe same as above (Name) (Street Address) 4. The name and address of at least one member or manager of the limited liab company: Name Address	E OF IDAHO" -
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company: Name Address	<u></u>
5. Mailing address for future correspondence (annual report notices):	
6200 N River Pointe Dr, E102, Garden City, Id	
6. Future effective date of filing (optional):	
Signature of a manager, member or authorized person.	······
Signature Sherry Briscoe Secretary of State use of State use of State use of Secretary of Secretary of State use of Secretary of State use of Secretary of State use of Secretary of Secret	Y OP STATE
Signature	0 BH:14471
Typed Name:	0 BH:14471

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