1			FILED
CICLE CICLE	ARTICLES OF ORGA		FILED EFFECT
Ċ,	(Instructions on back of a		2007 MAR - 1 PM 12: 24
			SECRETARY OF STATE
1.	The name of the limited liability company	is: postyoursig n.c	om LLCSTATE OF IDAHU
2.	The address of the initial registered office i	S: 1614 S. Leadville	Ave., Boise, Idaho 83706
	(County of Ada)	and t	he name of the initial registered
	agent at that address is: Zach Gingg		_
3.	The mailing address for future corresponder	nce :	
	1614 S. Leadville Ave., Boise, Idaho 83706		
4.	Management of the limited liability company	will be vested in:	
	Manager(s) or Member(s)	eck the appropriate box)	
_			
	If management is to be vested in one or more at least one initial manager. If management address(es) of at least one initial member. <u>Name</u>	is to be vested in the Addr	ne members, list the name(s) and ess
	at least one initial manager. If management address(es) of at least one initial member.	is to be vested in the Addr	ne members, list the name(s) and
	at least one initial manager. If management address(es) of at least one initial member. <u>Name</u>	is to be vested in the Addr	ne members, list the name(s) and ess
	at least one initial manager. If management address(es) of at least one initial member. <u>Name</u> Kyle Gingg	is to be vested in the Addr	ne members, list the name(s) and <u>ess</u> ve., Bolse, Idaho 83706
	at least one initial manager. If management address(es) of at least one initial member. <u>Name</u> Kyle Gingg	is to be vested in the Addr	ne members, list the name(s) and <u>ess</u> ve., Bolse, Idaho 83706
	at least one initial manager. If management address(es) of at least one initial member. <u>Name</u> Kyle Gingg	is to be vested in the Addr	ne members, list the name(s) and <u>ess</u> ve., Bolse, Idaho 83706
	at least one initial manager. If management address(es) of at least one initial member. <u>Name</u> Kyle Gingg	is to be vested in the Addr	ne members, list the name(s) and <u>ess</u> ve., Bolse, Idaho 83706
	at least one initial manager. If management address(es) of at least one initial member. <u>Name</u> Kyle Gingg	is to be vested in the Addr Addr 1614 S. Leadville A 1614 S. Leadville A	ne members, list the name(s) and <u>ess</u> ve., Bolse, Idaho 83706 ve., Bolse, Idaho 83706
6.	at least one initial manager. If management address(es) of at least one initial member. Name Kyle Gingg Zach Gingg Signature of at least one person responsible	is to be vested in the Addr Addr 1614 S. Leadville A 1614 S. Leadville A	ne members, list the name(s) and <u>ess</u> ve., Bolse, Idaho 83706 ve., Bolse, Idaho 83706
6.	at least one initial manager. If management address(es) of at least one initial member. Name Kyle Gingg Zach Gingg Signature of at least one person responsible Signature	is to be vested in the Addr Addr 1614 S. Leadville A 1614 S. Leadville A for forming the lime	ne members, list the name(s) and <u>OSS</u> ve., Bolse, Idaho 83706 ve., Bolse, Idaho 83706 ited liability company:
6.	at least one initial manager. If management address(es) of at least one initial member. Name Kyle Gingg Zach Gingg Signature of at least one person responsible	is to be vested in the Addr Addr 1614 S. Leadville A 1614 S. Leadville A for forming the lim	ne members, list the name(s) and <u>ess</u> ve., Bolse, Idaho 83706 ve., Bolse, Idaho 83706
6.	at least one initial manager. If management address(es) of at least one initial member. Name Kyle Gingg Zach Gingg Signature of at least one person responsible Signature	is to be vested in the Addr Addr 1614 S. Leadville A 1614 S. Leadville A for forming the lim	ne members, list the name(s) and <u>OSS</u> ve., Bolse, Idaho 83706 ve., Bolse, Idaho 83706 ited liability company:
6.	at least one initial manager. If management address(es) of at least one initial member. Name Kyle Gingg Zach Gingg Signature of at least one person responsible Signature	is to be vested in the Addr Addr 1614 S. Leadville A 1614 S. Leadville A for forming the lim	ne members, list the name(s) and <u>OSS</u> ve., Bolse, Idaho 83706 ve., Bolse, Idaho 83706 ited liability company:
6.	at least one initial manager. If management address(es) of at least one initial member. Name Kyle Gingg Zach Gingg Signature of at least one person responsible Signature	is to be vested in the Addr Addr 1614 S. Leadville A 1614 S. Leadville A for forming the lim	he members, list the name(s) and <u>ess</u> ve., Boise, Idaho 83706 ve., Boise, Idaho 83706 ited liability company: Secretary of State use only

* . .