



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

10 APR 28 PM 3:26

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

I SCREAM N-Play LLC

2. The complete street and mailing addresses of the initial designated/principal office:

116 N. Venice St. Nampa ID 83687
(Street Address)

(Mailing Address, if different than street address)

3. The name and complete street address of the registered agent:

Michelle D. Sievers
(Name)

116 N. Venice St. 83687
(Street Address)

4. The name and address of at least one member or manager of the limited liability company:

Name	Address
<u>Michelle D. Sievers</u>	<u>116 N. Venice St.</u>
	<u>Nampa ID 83687</u>

5. Mailing address for future correspondence (annual report notices):

116 N. Venice St. Nampa ID 83687

6. Future effective date of filing (optional): _____

Signature of organizer(s). (An organizer is a member, or is acting in behalf of a member or members).

Signature [Signature]
Typed Name: Michelle Sievers

Signature _____
Typed Name: _____

Secretary of State use only

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Revised 07/2008

IDAHO SECRETARY OF STATE
04/28/2010 05:00
CK: 113 CT: 247478 BH: 1219843
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