

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

## **FILED EFFECTIVE**

(Instructions on back of application)

12 JAN 17 PM 12: 33

1. Th	1. The name of the limited liability company is:			
	SMAF	RT ART Crafts for Kids L.L.C	STATE OF IDAHO	
2. Th	The complete street and mailing addresses of the initial designated office: 4515 Castlebar Dr. Boise, ID 83703			
45				
(5	Street Address)			
A)	Mailing Address, if different than street address)	ALL MARKET	· · · · · · · · · · · · · · · · · · ·	
3. Th	The name and complete street address of the registered agent:			
	ichelle R. Hill-Cenarrusa	4515 Castlebar Dr. Boise, ID 83703		
(1)	Name)	(Street Address)		
4. Th	ne name and address of at least o	ne member or manager of the I	imited liability	
CO	mpany:			
	Name	Address		
M	Michelle R. Hill-Cenarrusa 4515 Castlebar Dr. Boise,ID 83703			
<del></del>				
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_			<u> </u>	
5. Mailing address for future correspondence (annual report notices):				
4	4515 Castlebar D	r. Boise, 10 837	<i>103</i>	
_				
6. Fu	6. Future effective date of filing (optional):			
_	ture of a manager, member or	authorized		
persor	n.	Secretar	y of State use only	
Signat	ure // ///			
_	Name: Michelle R. Hill-Cenarrusa			
			) SECRETARY OF STATE	
Signature		01/1	Ø1/17/2012 Ø5:00 CK: 2328 CT: 265976 BH: 1386289	
Typed Name:		4 6 470 00		

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