

Signature__

Typed Name: ____

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

09 AUG 10 AM 8: 57 SECRETARY OF STATE

1.	The name of the limited liability compar	iny is:	
	Steinley's	s Photography LLC	
2.	-	sses of the initial designated/principal office:	•
	(Street Address)	pie, nayuen ib 63633	
	(Mailing Address, if different than street address)		
3.	The name and complete street address	of the registered agent:	
	Benjamin Vesterby	10218 n Maple, Hayden ID 83835	
	(Name) (S	Street Address)	•
4.	The name and address of at least one r company:	member or manager of the limited liability	
	Name	Address	
	Benjamin Vesterby	10218 п Maple, Hayden ID 83835	
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			•
			ş.
5.	Mailing address for future corresponden	nce (annual report notices):	- 5x - 1
•	10218 n Maple, Hayden ID 83835		
6.	Future effective date of filing (optional):		
_	nature of organizer(s). (An organizer is a mer	mber, or is	
ectin	g in behalf of a member or members).	Secretary of State use only	
Sigr	nature Benja Tester MI	IDAHO SECRETARY OF STA	
	ed Name: Benjamin Vesterby		
		IDAHO SECRETARY OF STA	TE