

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

## FILED EFFECTIVE

7015 JUN -3 PM 12: 07

1. The name of the limited liability company is:  SECTION STATION STAT	ARY OF STATE E OF IDAHO
Hip Hip Hero Lic	
2. The complete street and mailing addresses of the initial designated office	e:
(Street Address)	
(Mailing Address, if different than street address)	
3. The name and complete street address of the registered agent:	
Ni Cole Krum  (Name)  1309 E. Palermo St. A  (Street Address)	Heridian 1D 83642
4. The name and address of at least one member or manager of the limited company:	liability
Name Address	
Nicole Krun 1309 E. Patermo St. Men	10100, 1083649
5. Mailing address for future correspondence (annual report notices):	
1309 E. Pakemo St Merician, ID 83642	
6. Future effective date of filing (optional): <u>June</u> 3. 205	
o. I didire effective date of filling (optional).	
Signature of a manager, member or authorizedperson.	
Secretary of State	e use only
	etary of state
Typed Name: Nicolu M.Kaun 06/03/2  CK: 2897418 CT::	015 05:00
10.100.00 = 100	
Signature Typed Name:	

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