

FILED EFFECTIVE



CERTIFICATE OF ORGANIZATION

LIMITED LIABILITY COMPANY

JUN 18 AM 8:57

(Instructions on back of application)

 SECRETARY OF STATE
 STATE OF IDAHO

1. The name of the limited liability company is:

Norisada Photography LLC

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

2285 Dallon Dr Post Falls, ID 83854
 (Street Address)

(Mailing Address, if different than street address)

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

Amanda Schultz
 (Name)

2285 Dallon Dr Post Falls, ID 83854
 (Street Address)

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

Name	Address
<u>Amanda Schultz</u>	<u>2285 Dallon Dr Post Falls, ID 83854</u>
_____	_____
_____	_____
_____	_____

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

2285 Dallon Dr Post Falls, ID 83854

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 Amanda Schultz

 Typed Name: Amanda Schultz

Signature _____

Typed Name: _____

Secretary of State use only

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 Revised 07/2008

 IDAHO SECRETARY OF STATE
 06/18/2010 05:00
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