

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

(Instructions on back of application)

11 AUG 24 AM 8: 58

1. The name of the limited liability com	pany is: SEUHE MY OF STATE STATE OF IDAHO
ProCard Entertainmen	
	resses of the initial designated/principal office:
	Fruitland, 10
(Mailing Address, if different than street address)	
3. The name and complete street address of the registered agent:	
Jason Mateer (Name)	1500 Glenway Avenue Fruitland, 10 (Street Address) 83(419)
4. The name and address of at least one member or manager of the limited liability company:	
<u>Name</u>	Address
Frank Beard	513 N. 6th St. Payette, 10 83661
_ Juson Mafeer	513 N. 6th St. Payette, 10 83661 1500 Glenway Ave Fruitland. 10
5. Mailing address for future correspondence (annual report notices):	
1500 Glenway Ane	
	Torriand , re
6. Future effective date of filing (optional	al):
Signature of a manager, member or authorized	
person.	Secretary of State use only
Signature	
Typed Name: Frank Reaco	
	IDANO SECRETARY OF STATE  08/24/2011 05:00  CK: 2588 CT: 261822 BH: 1287742
Signature // / / / / / / / / / / / / / / / / /	1 0 100.00 = 100.00 ORGAN LLC # 2 1 0 20.00 = 20.00 EXPEDITE C # 3
Typed Hame. JASON IT (NT EET	
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