

## **CERTIFICATE OF ORGANIZATION** LIMITED LIABILITY COMPANY

X		2012 NOT ZU AN 10: 29
TE I	(Instructions on back of applic	cation) SCOSTALL OF STATE
1.	The name of the limited liability company is	SEOREMAN OF STATE STATE OF MAHO
	Vibrant Design and Photo	** · · · · · · · · · · · · · · · · ·
2.	The complete street and mailing addresses of the initial designated office:	
	451 N 7 6 #30, Suda Springs, 1D 83276	
	(Street Address)  PO BOX 311, Sod a Sown 3  (Mailing Address, if different than street address)	
3.	3. The name and complete street address of the registered agent:	
	Christine Rolatis 45 (Street Ac	dress) 7 E #30, Svaa Spaings, 1 D832,
4.	The name and address of at least one member or manager of the limited liability company:	
	Name Cloud Abra Q 1 a kin	Address
	Christine Polatis po Box 311, Goda Springs, 1083246	
		51 N 7 East #30, Soda Springs
		_
5	Mailing address for future correspondence (a	amount was to a t
0.	Mailing address for future correspondence (a	,
	Po Box 311, Soda Springs,	D 8504 Q
6. I	Future effective date of filing (optional):	
Sign pers	nature of a manager, member or authorize on.	ed
Ci	Muiting Plati	Secretary of State use only
	ed Name: Christine Polatis	
Sign	ature	IDAHO SECRETARY OF STATE 11/20/2012 05:00
Туре	ed Name:	CK: 1962 CT: 276433 BH: 1348305

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