

CERTIFICATE OF ORGANIZATIONLED EFFE

(Instructions on back of application)

08 AUG 27 PM 2: 38

1.	The name of the limited liability com	pany is:	SECRETARY OF STATE
	Histo	rionix Records L.L.C.	STATE OF IDAHO
2.	The complete street and mailing addresses of the initial designated/principal office: 4071 Quall Hill. Boise, Idaho 83703		
	(Street Address)		
	(Mailing Address, if different than street address)		
3.	The name and complete street address of the registered agent:		
	Steve Meyers	4071 Quail Hill. Bo	pise, Idaho 83703
	(Name)	(Street Address)	
4.	The name and address of at least one member or manager of the limited liability company:		
	<u>Name</u>	<u>Address</u>	
	Steve Meyers 4071 Quail Hill. Boise ,Idaho 83703		oise ,Idaho 83703
	-		
5.	Mailing address for future correspond	dence (annual report notic	ces);
	4071 Qua	il Hill. Boise, Idaho 83703	
_	. Future effective date of filing (optional):		
ъ.			
_	nature of organizer(s). (An organizer is a in ag in behalf of a member or members).	member, or is	
40	1 AA		ecretary of State use only
_	nature Time lyn		
Тур	ed Name: Steve meyers		
O! ~-		phforms/LC forms/cert_org_lc-PAID	
•	nature	TINGE OF THE PROPERTY OF THE P	IDAHO SECRETARY OF STATE
ıyp	ed Name:		08/27/2008 05:00 CK: 1451 CT: 229208 BH: 1133378

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