



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

(Instructions on back of application)

2014 DEC 15 PM 12: 21

1. The name of the limited liability company is:

Top Shelf Promotions, LLC.

SECRETARY OF STATE
STATE OF IDAHO

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

543 Eagle Hills Way, Eagle, Idaho, 83616

(Street Address)

(Mailing Address, if different than street address)

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

Cody Wester

(Name)

688 North Avenue H. Appt. #303, Boise, Id 83712

(Street Address)

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

Name

Address

Cody Wester

688 North Avenue H, Appt. #303, Boise, Id 83712

Kathryn Wester

543 Eagle Hills Way, Eagle, Id 83616

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

543 Eagle Hills Way, Eagle, Id 83616

6. Future effective date of filing (optional): _____

Signature of a manager, member or authorized person.

Signature: _____

Typed Name: Cody Wester

Signature: _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

12/15/2014 05:00

CK:4334 CT:304150 BH:1453032

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