

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY 10 AUG 11 AM 8: 32

	(Instructions o	n back of application)	SECRETARY OF STATE STATE OF IDAHO
1.	The name of the limited liabil	lity company is:	STATE OF IDAHO
		Jay Cutler Event Services, LL	С
2.	The complete street and mail	•	ll designated/principal office:
	(Street Address) PO Box 3, Fairfield, ID 83327 (Mailing Address, if different than street and	ddress)	· · · · · · · · · · · · · · · · · · ·
3.	The name and complete street address of the registered agent:		
	James Cutler	115 W. Alturas Ave,	Fairfield, ID 83327
	(Name)	(Street Address)	
	The name and address of at least one member or manager of the limited liability company:		
	Name James Cutler	115 W. Alturas Ave,	Address
5.	Mailing address for future cor PO Box 3, Fairfield, ID 83327	respondence (annual rep	ort notices):
6.	Future effective date of filing	(optional):	
Sigr pers	nature of a manager, members	per or authorized	
Sign	nature (In III)	Mo	Secretary of State use only
Тур	ed Name: James Cutler		
Sign	nature/		IDAHO SECRETARY OF STATE
Туре	ed Name:		CK: 493181 CT: 172899 BH: 12343

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