

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

10 MAY 13 PM 2: 03

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| 1. The name of the limited liability company is: ISECRETARY OF STATE OF IDAHO POISE Idamo Publishing IDAHO |
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| 2. The complete street and mailing addresses of the initial designated/principal office: |
| 1000 S. Island Glenn Eagle, Id 8346 |
| (Street Address) |
| (Mailing Address, if different than street address) |
| The name and complete street address of the registered agent: |
| Tia Mankland 1000 S Island Elenn Eagle, (Street Address) |
| (Name) (Street Address) Tal 83616 |
| 4. The name and address of at least one member or manager of the limited liability |
| Tia Manual 1000 S. Sland Glenn Wy Fack 12d 834/1 |
| Name |
| 10 Marciano 1000 S. Island Grent No |
| taskisa 8 stall |
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| 5. Mailing address for future correspondence (annual report notices): |
| 1000 S. ISland Glenn Wy Fask Id 830 |
| 1000 S. 1510010 CIENTI V 5 5450 545 |
| 6. Future effective date of filing (optional): |
| |
| Signature of organizer(s). (An organizer is a member, or is |
| acting in behalf of a member or members). Secretary of State use only |
| |
| Signature 3 |
| Typed Name: Via Montano |
| Signature Typed Name: Typed Name: Typed Name: Signature Typed Name: Typed Nam |
| Signature IDAHO SECRETARY OF STATE |
| Typed Name: |
| 1 8 199 99 = 188 00 1990N C # 2 |

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