



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

09 APR 24 PM 2: 54

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

T2 LLC.

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

3720 N. HERITAGE VIEW AVE. MERIDIAN ID 83646

(Street Address)

(Mailing Address, if different than street address)

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

TORY A. GARCIA

3720 N. HERITAGE VIEW AVE. MERIDIAN ID 83646

(Name)

(Street Address)

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

Name

Address

TORY A. GARCIA

3720 N. HERITAGE VIEW AVE. MERIDIAN ID 83646

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

3720 N. HERITAGE VIEW AVE. MERIDIAN ID 83646

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).

Signature 

Typed Name: TORY A. GARCIA

Signature _____

Typed Name: _____

Secretary of State use only

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Revised 07/2008

IDAHO SECRETARY OF STATE
04/24/2009 05:00
CK: 4096 CT: 147186 DN: 1167600
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