



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY FILED EFFECTIVE

(Instructions on back of application) 2013 MAR -4 AM 10:05

1. The name of the limited liability company is:

Tripple LLC

SECRETARY OF STATE
STATE OF IDAHO

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

5323 Tripple Crt, Nampa ID 83687

(Street Address)

(Mailing Address, if different than street address)

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

James D Clegg

(Name)

5323 Tripple Crt, Nampa ID 83687

(Street Address)

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

Name	Address
James D Clegg	5323 Tripple Crt, Nampa ID 83687
Mary M. Clegg	5323 Tripple Crt, Nampa ID 83687

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

5323 Tripple Crt, Nampa ID 83687

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature *James D. Clegg*
Typed Name: James D. Clegg

Signature _____
Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
03/04/2013 05:00
CK: 2332 CT: 200132 BH: 1362791
1 @ 100.00 = 100.00 ORGAN LLC # 2

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