



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

11 OCT 31 AM 8:38

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

THP, LLC

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

1411 Falls Ave E Suite 1000c, Twin Falls, Idaho 83301

(Street Address)

(Mailing Address, if different than street address)

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

Trent Pryor

(Name)

1411 Falls Ave E Suite 1000c, Twin Falls, Idaho

(Street Address)

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

Name

Address

Trent Pryor

1411 Falls Ave E Suite 1000c, Twin Falls, Idaho 83301

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

1411 Falls Ave. E Suite 1000c Twin Falls, Idaho 83301

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature

*Trent Pryor*

Typed Name: Trent Pryor

Signature

Typed Name:

Secretary of State use only

IDAHO SECRETARY OF STATE  
10/31/2011 05:00  
CK: 1254 CT: 263738 BH: 1296193  
1 @ 100.00 = 100.00 ORGAN LLC # 2  
1 @ 20.00 = 20.00 EXPEDITE C # 3