



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

09 MAR 26 AM 8:40

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

Tropical Sands LLC

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

4641 Seymour Dr Boise, Idaho 83704

(Street Address)

(Mailing Address, if different than street address)

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

James W Wolfe

(Name)

4641 Seymour Dr Boise, Idaho 83704

(Street Address)

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

**Name**

James W Wolfe

**Address**

4641 Seymour Dr Boise, Idaho 83704

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

4641 Seymour Dr Boise, Idaho 83704

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:

James W Wolfe

Signature

Typed Name:

Secretary of State use only

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Revised 07/2008

IDAHO SECRETARY OF STATE  
03/26/2009 05:00  
CK: 1549 CT: 173454 BN: 1163817  
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FILED EFFECTIVE