



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

Title 30, Chapters 21 and 25, Idaho Code

Filing fee: \$100 typed, \$120 not typed

Complete and submit the application in **duplicate**.

**FILED EFFECTIVE**

2015 OCT 20 PM 3:08

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

Broken Triangle LLC

(Remember to include the words "Limited Liability Company," "Limited Company," or the abbreviations L.L.C., LLC, or LC)

2. The complete street and mailing addresses of the principal office is:

3811 Clinton RD Emmett ID 83617

(Street Address)

(Mailing Address, if different)

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

Paul Williams

3811 Clinton RD EMMETT ID 83617

(Name)

(Address)

4. The name and address of at least one governor of the limited liability company:

Paul Williams

3811 Clinton RD EMMETT ID 83617

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

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

3811 CLINTON RD EMMETT ID 83617

(Address)

Signature of organizer(s).

Printed Name: Paul Williams

Signature:

Printed Name:

Signature:

Secretary of State use only

IDAHO SECRETARY OF STATE

10/20/2015 05:00

CK:3300484 CT:172099 BH:1497151

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