

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

	(Instructions on back	k of application)
1.	The name of the limited liability cor	mpany is: SECRETARY OF STATE STATE OF IDAHO
	The	omas Resources LLC
2.	The complete street and mailing addresses of the initial designated/principal office: 17563 Silk Ave, Nampa, ID, 83687	
	(Street Address)	
	(Mailing Address, if different than street address)	
3.	The name and complete street address of the registered agent:	
	Christina Thomas	17563 Silk Ave, Nampa, ID, 83687
	(Name)	(Street Address)
4.	The name and address of at least of company:	one member or manager of the limited liability
	<u>Name</u>	<u>Address</u>
	Christina Thomas	17563 Silk Ave, Nampa, ID, 83687
5.	Mailing address for future correspo	indence (annual report notices):
	17563 Silk Ave, Nampa, ID, 83687	
6.	Future effective date of filing (optio	nal):
•	gnature of a manager, member o	
٠	Charles Charles	Secretary of State use only
•	gnature Christing Thomas	<u>w</u>
Ту	ped Name: Christina Thomas	
Sir	gnature	IDAHO SECRETARY OF STATE 08/05/2011 05:00 CK: 2710 CT: 261314 BH: 1285482
	ped Name:	4 6 4 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6
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