

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

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(Instructions on back of application)

1.	The name of the limited liability company is:  TS Financial LLC	
2.	The complete street and mailing add 3101 W. Main, Suite 200, Boise, Idaho 83	dresses of the initial designated/principal office:
	(Street Address) PO Box 7156, Boise, ID 83707-1156 (Mailing Address, if different than street address)	
3.	The name and complete street address of the registered agent:	
	Gregory A. Byron (Name)	3101 W. Main, Suite 200, Boise, Idaho 83702 (Street Address)
	The name and address of at least or company:  Name  Kirk G. Smith, Manager	ne member or manager of the limited liability  Address  42874 Old Wingville Road, Baker City, OR 97814
	Robert H. Barrett, Manager	PO Box 16049, Boise, ID 83705
5.	Mailing address for future correspon PO Box 7156, Boise, ID 83707-1156	ndence (annual report notices):
6.	Future effective date of filing (option	al):
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Sian	nature /hun 3 Anna	Secretary of State use only
	ed Name: Kirk G. Smith, Manager	
	atureed Name:	: INDMIL SELECTION OF JIME

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