

Printed Name:

Rev. 11/2015

## 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 <u>duplicate</u>.

## FILED EFFECTIVE

2016 DEC -5 AM 10: 26

SECRETARY OF STATE STATE OF IDAHO

|                                 | 31412 01 101111  |
|---------------------------------|--|
| The name of the limit           | ted liability company is:  |
| TRM Cleaners, LLC               | • • •  |
|                                 | clude the words "Limited Liability Company," "Limited Company," or the abbreviations L.L.C., LLC, or LC) |
| (remember to m                  | control to the state and a company, change company, of the abbreviations election, election              |
| The complete street             | and mailing addresses of the principal office is:  |
|                                 | p, Twin Falls, ID 83301  |
| (Street Address)                | p, 177111 and, 15 dodd 1   |
| ,                               | e, Suite 202, Twin Falls, ID 83301   |
| (Mailing Address, if different) |  |
| · · ·                           |  |
| The name of the regi            | istered agent and the street address of the registered agent:  |
| Troy Mahlke                     | 1968 Tamarack Loop, Twin Falls, ID 83301   |
| (Name)                          | (Address cannot be a post office box or postal mail box.)  |
|                                 | ( walled a post of not soft at postal files bon.)  |
| The name and addre              | ess of at least one governor of the limited liability company:   |
| Tami Mahlke                     | • • •  |
| _                               | 1968 Tamarack Loop, Twin Falls, ID 83301   |
| (Name)                          | (Address)  |
|                                 |  |
| -                               |  |
| (Name)                          | (Address)  |
|                                 |  |
| (Name)                          | (Address)  |
|                                 | (  |
|                                 |  |
| (Name)                          | (Address)  |
|                                 |  |
| Mailing address for for         | uture correspondence (annual report notices):  |
| 139 River Vista Plac            | e, Suite 202 Twin Falls, ID 83301  |
| (Address)                       | · · · · · · · · · · · · · · · · · · ·  |
| (                               |  |
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| anature of organizar(s)         |  |
| gnature of organizer(s).        | Secretary of State use only  |
| 10 200                          | Secretary of State use only  |
| gnature:W                       | IDAHO SECRETARY OF STATE   |
| 10 200                          | IDAHO SECRETARY OF STATE   12/05/2016 05:00  |
| gnature:W                       | IDAHO SECRETARY OF STATE   12/05/2016 05:00   CK:1182 CT:262592 BH:1557961                               |
| gnature:W                       | IDAHO SECRETARY OF STATE   12/05/2016 05:00  |