

**FILED EFFECTIVE**

# **CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY**

(Instructions on back of application)

2015 JUN 23 PM 4:18

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

TOB, LLC

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

1411 Falls Ave East Suite 1002, Twin Falls Idaho. 83301

(Street Address)

(Mailing Address, if different than street address)

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

Gary M. Wolverton, Jr.

(Name)

1411 Falls Ave East Ste 1002, Twin Falls Idaho. 83301

(Street Address)

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

NameAddress

Gary M. Wolverton, Jr.

1411 Falls Ave East Ste 1002, Twin Falls Idaho. 83301

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

same

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Secretary of State use only

Signature

Typed Name: Gary M. Wolverton, Jr.

Signature

Typed Name:

IDAHO SECRETARY OF STATE

06/23/2015 05:00

CK:29256 CT:4643 BH:1481157

1@ 100.00 = 100.00 ORGAN LLC #2

W153166