



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

10 MAR -8 AM 8:32

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Tri-Peaks LLC

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

135 N. 9th Street, St. Maries, Idaho 83861

(Street Address)

(Mailing Address, if different than street address)

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

Brenda D. McCord

(Name)

135 N. 9th Street, St. Maries, Idaho 83861

(Street Address)

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

Name

Address

Brenda D. McCord (sole member)

135 N. 9th Street, St. Maries, Idaho 83861

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

135 N 9th Street, St. Maries, Idaho 83861

6. Future effective date of filing (optional):

Signature of organizer(s). (An organizer is a member, or is acting in behalf of a member or members).

Signature Brenda D. McCord
Typed Name: Brenda D. McCord (sole member)

Signature _____
Typed Name: _____

Secretary of State use only

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IDAHO SECRETARY OF STATE
03/08/2010 05:00
CK: 7016 CT: 245394 BH: 1211257
1 @ 100.00 = 100.00 ORGAN LLC # 2
1 @ 20.00 = 20.00 EXPEDITE C # 3

W 91206