



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2013 JUL -9 AM 8:44

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

Tyrone Quist, LLC

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

903 E. Windng Creek Dr., Ste 150, Eagle, ID 83616

(Street Address)

(Mailing Address, if different than street address)

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

Brian Boyle

(Name)

903 E. Winding Cr. Dr., Ste 150, Eagle, ID 83616

(Street Address)

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

**Name**

**Address**

Marvin Quist

903 E. Winding Creek Dr., Ste 150, Eagle, ID 83616

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

903 E. Winding Creek Dr., Ste 150, Eagle, ID 83616

6. Future effective date of filing (optional): \_\_\_\_\_

Signature of a manager, member or authorized person.

Signature

Typed Name: Brian L. Boyle

Signature \_\_\_\_\_

Typed Name: \_\_\_\_\_

Secretary of State use only

IDAHO SECRETARY OF STATE  
07/09/2013 05:00  
CK: 1418 CT: 285107 BH: 1381292  
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