

## **CERTIFICATE OF ORGANIZATION** LIMITED LIABILITY COMPANY

## FILED EFFECTIVE

(Instructions on back of application)

11 AUG 19 AM 11:40

1.	The name of	the limited	liability company		ıy is:
			т	ROPICAL	COM

STATE OF STATE

The hame of the similes ha						
	TROPICAL COWBOYS, LLC					
•	The complete street and mailing addresses of the initial designated/principal office:  1933 N 20TH STREET, BOISE ID 83702  (Street Address)					
(Street Address)						
(Mailing Address, if different than stree	(Mailing Address, if different than street address)					
3. The name and complete str	he name and complete street address of the registered agent:					
PATRICK MCDONALD	1933 N 20TH STREET, BOISE ID 83702					
(Name)	(Street Address)					
The name and address of a company:	The name and address of at least one member or manager of the limited liability company:					
<u>Name</u>	<u>Address</u>					
PAT MCDONALD	1933 N 20TH STREET, BOISE ID 83702					
<ol><li>Mailing address for future c</li></ol>	failing address for future correspondence (annual report notices):					
1933 N 20TH STREET, BOISE	ID 83702					
6. Future effective date of filing	g (optional):					
Signature of a manager, mer	nber or authorized					
person.	Secretary of State use only					
Malake	Secretary of State use only					
Signature / M/W	<b>u</b> 1					
yped Name: PATRICK MCDONA	ALD					
	IDAHO SECRETARY OF STATE 08/19/2011 05:00					
Signature						
yped Name:	***************************************					
	W/UW					

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