

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

(Instructions on back of application)

09 AUG 25 AM 9: 23

| The name of the limited liability company is:                         | STATE OF IDAHO   |
|---|--|
| Tribal Fire Systems   | 166  |
| 2. The complete street and mailing addresses of the                   | initial designated/principal office:   |
| (Street Address) High lander Rd.                                      |  |
| (Mailing Address, if different than street address)                   |  |
| The name and complete street address of the registered agent:         |  |
| Clarence McLain 11810 (Name) (Street Address)                         | W. Highlander Rd<br>Bowe, ld 83709   |
| 4. The name and address of at least one member of company:            | r manager of the limited liability   |
| Name  | Address  |
| Clarence Melain 11810   | w. Highlander Rd.  |
|   |  |
|   | ·  |
|   |  |
|   |  |
| **************************************                                |  |
|   |  |
| 5. Mailing address for future correspondence (annual report notices): |  |
|   | :  |
| 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).                             | Secretary of State use only  |
| Signature Clarence my stain   |  |
| Typed Name: Clarence M& Lain  | OND THE STATE SALES OF SALE |
|   | 72008  |
| Signature   | IDAHO SECRETARY OF STATE  98/25/2009 05:00   |
| Typed Name:   | CK: 1899 CT: 239907 BH: 1184314<br>1 8 188.88 = 188.88 ORBAN LLC #   |

W 86437