

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2009 JAN -9 PH 3: 53

STATE OF IDAHO

1.	The name of the limited liability cor	mpany is:		STATE OF TOTAL	
		JTTOR! LLC	;		
2.	The complete street and mailing ad	e street and mailing addresses of the initial designated/principal office:			
	2870 N. White Pines Dr., Coeur d'Alene, ID 83815				
	(Street Address) P.O. Box 3092, Hayden, ID 83835				
	(Mailing Address, if different than street address)				
	The name and complete street address of the registered agent:				
	John P. Thomas			Dr., Coeur d'Alene, ID 83815	
	(Name)	(Street Address	s)		
٠.	The name and address of at least one member or manager of the limited liability company:				
	Name	<u>Address</u> P.O. Box 3092, Hayden, ID 83			
	John P. Thomas P.O. Box 3092, Hayden, ID 63635				
i.	Mailing address for future correspondence (annual report notices):				
•	P.O. Box 3092, Hayden, ID 83635				
	Future effective date of filing (option	nal):			
		,			
ia	nature of organizer(s). (Arforganizer Is	a member, or is			
	ng in behalf of a member or members).			Secretary of State use only	
			G 6.	Contain, or the same of the	
_	nature John P. Thomas		M of R Public		
γļ	ped Name: John P. Thomas	,,,,	1 🕱		
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