



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2014 JAN -2 AM 9:54

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

Triple G LLC

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

2620 N. Fox Ct. Post Falls, ID 83854

(Street Address)

(Mailing Address, if different than street address)

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

David Gibson

(Name)

2620 N. Fox Ct. Post Falls, ID 83854

(Street Address)

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

**Name**

**Address**

David Gibson

2620 N. Fox Ct. Post Falls, ID 83854

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

2620 N. Fox Ct. Post Falls, ID 83854

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature

Typed Name: David Gibson

Signature

Typed Name:

Secretary of State use only

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01/02/2014 05:00  
CK: 1675 CT: 291285 DN: 1403957  
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