



Reset Form



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

Title 30, Chapters 21 and 25, Idaho Code

Base Filing fee: \$100.00 + \$20.00 for manual processing (form must be typed).

For Office Use Only

-FILED-

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1. The name of the limited liability company is:
Tiger Moth Meadows LLC

(Remember to include the words "Limited Liability Company," "Limited Company," or the abbreviations LLC, L.L.C., or LC.)

2. The complete street and mailing addresses of the principal office is:
784 S Clearwater Loop STE R Post Falls, ID 83854

(Street or Route)

(City, State, and ZIP+4)

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

Registered Agents Inc

784 S Clearwater Loop STE R Post Falls, ID 83854

(Name)

(Address)

4. The name and address of at least one governor of the limited liability company:

Lisa Glasgow

784 S Clearwater Loop STE R Post Falls, ID 83854

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

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

784 S Clearwater Loop STE R Post Falls, ID 83854

(Mailing Address)

Signature of organizer(s).

Printed Name: Lisa Glasgow

Signature:

Printed Name:

Signature:

Secretary of State use only

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