



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE
2014 MAY 23 AM 9:08

(Instructions on back of application)

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Thrive Matting, LLC.

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

28654 Gotsch Rd Parma, ID 83660

(Street Address)

(Mailing Address, if different than street address)

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

Thron Van Komen

(Name)

28654 Gotsch Rd Parma, ID 83660

(Street Address)

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

Name

Address

Thron Van Komen

28654 Gotsch Rd Parma, ID 83660

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

Thrive Matting LLC 28654 Gotsch Rd Parma, ID 83660

6. Future effective date of filing (optional): _____

Signature of a manager, member or authorized person.

Signature Thron Van Komen

Typed Name: Thron Van Komen

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
05/23/2014 05:00

CK:6966 CT:175247 BH:1426094
1@ 100.00 = 100.00 ORGAN LLC #2
1@ 20.00 = 20.00 EXPEDITE C #3

W 138156