



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

2014 MAR 12 AM 9:11

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

TIMCO LLC

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

11211 FOWLER LN. NAMPA, ID 83686

(Street Address)

(Mailing Address, if different than street address)

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

TIM SCHULZ

(Name)

11211 FOWLER LN. NAMPA, ID 83686

(Street Address)

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

Name

Address

TIM SCHULZ

11211 FOWLER LN. NAMPA, ID 83686

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

11211 FOWLER LN. NAMPA, ID 83686

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

Signature of a manager, member or authorized person.

Signature

Typed Name: TIM SCHULZ

Signature

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
03/12/2014 05:00
CK: 4485 CT: 294198 BH: 1414893
1 @ 100.00 = 100.00 ORGAN LLC # 2

W135398