



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

10 JAN -7 AM 8:33

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

TTB, LLC

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

1917 JULIE LN, TWIN FALLS, ID 83301

(Street Address)

(Mailing Address, if different than street address)

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

TODD OSTROM

(Name)

3413 SAGE SPRINGS RD., KIMBERLY, ID 83341

(Street Address)

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

Name

Address

APRIL MCQUEEN

1917 JULIE LN., TWIN FALLS, ID 83301

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

1917 JULIE LN., TWIN FALLS, ID 83301

6. Future effective date of filing (optional):

Signature of organizer(s). (An organizer is a member, or is acting in behalf of a member or members).

Signature

April McQueen

Typed Name:

APRIL MCQUEEN

Signature

Typed Name:

Secretary of State use only

g:\corpforms\LLC form\cert_org_jlc.PMD
Revised 6/7/2008

IDAHO SECRETARY OF STATE
01/07/2010 05:00
CK: 1161 CT: 183746 BN: 1202311
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