



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

08 SEP -4 PM 2:50

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

Triiad LLC

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

5087 N Spangle Ave Meridian ID 83646

(Street Address)

(Mailing Address, if different than street address)

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

Martha Sandifer CPA

(Name)

8438-A Fairview Ave Boise ID 83704

(Street Address)

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

Name

John Newton

Address

5087 N Spangle Ave Meridian ID 83646

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

5087 N Spangle Ave Meridian ID 83646

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 \_\_\_\_\_

Typed Name: \_\_\_\_\_

John Newton

Signature \_\_\_\_\_

Typed Name: \_\_\_\_\_

Secretary of State use only

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FILED  
EFFECTIVE  
IDAHO SECRETARY OF STATE  
09/04/2008 05:00  
CK: 1632 CT: 229428 BH: 1134458  
1 @ 100.00 = 100.00 ORGAN LLC # 2  
1 @ 20.00 = 20.00 EXPEDITE C # 2