



**CERTIFICATE OF ORGANIZATION FILED EFFECTIVE
LIMITED LIABILITY COMPANY**

2015 MAY -8 AM 8:27

(Instructions on back of application)

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

TL2 LLC

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

1798 Curtis Ave. Idaho Falls ID. 83402

(Street Address)

P.O. Box 336 Ucon ID. 83454

(Mailing Address, if different than street address)

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

Leland Jensen

(Name)

1798 Curtis Ave. Idaho Falls ID. 83402

(Street Address)

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

Name

Terry Koster

Address

P.O. Box 336 Ucon ID. 83454

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

P.O. Box 336 Ucon ID. 83454

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

Signature of a manager, member or authorized person.

Signature _____

Typed Name: Terry Koster

Signature _____

Typed Name: _____

Secretary of State use only

IDAMO SECRETARY OF STATE

05/08/2015 05:00

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