



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

2014 FEB 21 AM 9:17

(Instructions on back of application)

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Trey Ventures LLC

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

5999 Lacewood Lane, Post Falls, ID 83854

(Street Address)

(Mailing Address, if different than street address)

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

Don Wilder

(Name)

5999 Lacewood Lane, Post Falls, ID 83854

(Street Address)

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

Name	Address
Don Wilder	5999 Lacewood Lane, Post Falls, ID 83854

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

Same: 5999 Lacewood Lane, Post Falls, ID 83854

6. Future effective date of filing (optional): Upon Receipt

Signature of a manager, member or authorized person.

Signature [Handwritten Signature] 2/13/14
Typed Name: Member / Owner

Signature _____
Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
02/21/2014 05:00
CX: 2048 CT: 232062 BH: 1411648
1 @ 100.00 = 100.00 ORGAN LLC # 2

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