

Signature

Typed Name: PVDY WAVA

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

11 MAY 19 AM 9: 29

	LIMITED LIABILIT	TY COMPANY	SECRETIAY OF STATE STATE OF IDAHO
	(Instructions on back	of application)	STATE OF IDAHO"
1.	The name of the limited liability con	npany is:	
		THPM, LLC	
2.	The complete street and mailing add 1101 W. River St. STE 110 Boise, ID 837		gnated/principal office:
	(Street Address)		
	(Mailing Address, if different than street address)		
3.	The name and complete street addr	ess of the registered age	ent:
	Robert Sanchez	1101 W. River St. STE 110 Boise, ID 83702	
	(Name)	(Street Address)	
4.	The name and address of at least one member or manager of the limited liability company:		
	Name		dress
	Robert Sanchez	1101 W. River St. STE 110	
	RUDY NAVA	1101 W. 120 BL St	STE 110 BOIGN ID 83702
5.	5. Mailing address for future correspondence (annual report notices):  1101 W. River St. STE 110 Boise, ID 83702		
6.	Future effective date of filing (option	al):	
0:-		authorized	
_	nature of a manager, member or son.	authonzeu	Company of Chate
per	_	2	Secretary of State use only
per	son.	2	Secretary of State use only

IDAHO SECRETARY OF STATE

05/19/2011 05:00

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