

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

10 JAN 19 AM 9: 39

(Instructions on back of application)

SECRETARY OF STATE

1. The name of the limited liability con	npany is:
Tetc	n Valley Rentals, LLC
2. The complete street and mailing add	dresses of the initial designated/principal office:
	West, Unit 1, Victor, Idaho 83455
(Street Address) P.O. Box	9192, Jackson, WY 83002
(Mailing Address, if different than street address)	
3. The name and complete street addr	ess of the registered agent:
Carrie J. Gorgacz	45 E. Little Avenue, Ste. 2, Driggs, ID 83422
(Name)	(Street Address)
The name and address of at least or company:	ne member or manager of the limited liability
Name	<u>Address</u>
Jacob Taylor	6575 W. Highway 22, Wilson, WY 83414
5. Mailing address for future correspon-	dence (annual report notices):
P.O. Box	9192, Jackson, WY 83002
6. Future effective date of filing (options	al):
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Signature of organizer(s). (An organizer is a	member, or is
acting in behalf of a member or members).	Secretary of State use only
Signature	DWA 3
Typed Name: Jacob Taylor	- 0ν ₋
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Signature	IDAHO SECRETARY OF STATE 90.0000 IDAHO SECRETARY OF STATE 91/19/2016 05:000 CK: 1889 CT: 243982 BH: 1283963 1 8 160.00 = 100.00 ORGAN LLC 1
Typed Name:	1 8 160.00 = 180.00 ORGAN LLC #

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