

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

11 OCT 20 AM 8: 42

	(Instruction	ns on back of application)	SECRETARY OF STATE STATE OF IDAHO	
1.	The name of the limited I	iability company is:	Ogne of Dec	
	TMV Holdings, LLC			
2.	2. The complete street and mailing addresses of the initial designated/principal office: 11565 North 5th West Idaho Falls, Idaho 85401 (Street Address)			
	(Mailing Address, if different than str	reet address)		
3. The name and complete street address of the registered agen			d agent:	
	Myles Evan Tortel		t Idaho Falls, Idaho 8 3 401	
	(Name)	(Street Address)		
4.	4. The name and address of at least one member or manager of the limited liability company:			
	<u>Name</u>		Address	
	Venita Tortel	11565 North 5th Wes	11565 North 5th West Idaho Falls, Idaho 83401	
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5.	Mailing address for future correspondence (annual report notices):			
	11565 North 5th West Idaho I	Falls, Idaho 83401		
6.	Future effective date of filing (optional):			
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•	nature of a manager, m son.	ember of authorized		
•	11-+1	71	Secretary of State use only	
•	nature // /	orrer_	W107643	
Тур	ped Name: Venita Tortel		00101007)	
Sia	nature		IDAHO SECRETARY OF STATE 19/29/2011 05:00	
	nature led Name:	Į.	CK: 999707291 CT: 255171 BH: 1294959 1 0 100.00 = 100.00 ORGAN LLC # 2	
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