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LIMITED LIABI	ORGANIZATION 28 AM 11: 50 ILITY COMPANY LARY OF STATE STATE OF IDAHO back of application)
1. The name of the limited liability of	company is:
TRW Investment LLC	
2. The street address of the initial n	egistered office is:
1509 South Robert, Suite 102,	, Boise, Idaho 83705
and the name of the initial regist	ered agent at the above address is:
Thomas R. Williams	
3. The mailing address for future co	and the second
1509 South Robert, Suite 102,	
4. Management of the limited liability	ty company will be vested in:
	one or more manager(s), list the name(s) and
5. If management is to be vested in address(es) of at least one initial	one or more manager(s), list the name(s) and manager. If management is to be vested in the address(es) of at least one initial member. Address
5. If management is to be vested in address(es) of at least one initial member(s), list the name(s) and Name	one or more manager(s), list the name(s) and manager. If management is to be vested in the address(es) of at least one initial member. Address 1509 South Robert, Suite 102
5. If management is to be vested in address(es) of at least one initial member(s), list the name(s) and Name	one or more manager(s), list the name(s) and manager. If management is to be vested in the address(es) of at least one initial member. Address
5. If management is to be vested in address(es) of at least one initial member(s), list the name(s) and Name	one or more manager(s), list the name(s) and manager. If management is to be vested in the address(es) of at least one initial member. Address 1509 South Robert, Suite 102
5. If management is to be vested in address(es) of at least one initial member(s), list the name(s) and Name Thomas R. Williams	one or more manager(s), list the name(s) and manager. If management is to be vested in the address(es) of at least one initial member. Address 1509 South Robert, Suite 102 Boise, Idaho 83705
5. If management is to be vested in address(es) of at least one initial member(s), list the name(s) and Name Thomas R. Williams	one or more manager(s), list the name(s) and manager. If management is to be vested in the address(es) of at least one initial member. Address 1509 South Robert, Suite 102 Boise, Idaho 83705 1509 South Robert, Suite 102
5. If management is to be vested in address(es) of at least one initial member(s), list the name(s) and Name Thomas R. Williams Maggie Williams	one or more manager(s), list the name(s) and manager. If management is to be vested in the address(es) of at least one initial member. Address <u>1509 South Robert, Suite 102</u> Boise, Idaho 83705 <u>1509 South Robert, Suite 102</u> Boise, Idaho 83705 responsible for forming the limited liability company: <u>Secretary of State use only</u>