

FILED/EFFECTIVE



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

11 JUL 11 AM 9:45

SECRETARY OF STATE
OF IDAHO

1. The name of the limited liability company is:

T.L.S. LLC.

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

5060 Wild Dunes Ln. Idaho falls, ID 83404

(Street Address)

(Mailing Address, if different than street address)

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

Terri L. Smith

(Name)

5060 Wild Dunes Ln. Idaho Falls, ID 83404

(Street Address)

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

Name

Terri L. Smith

Address

5060 Wild Dunes Ln. Idaho Falls, ID 83404

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

538 Aspen Dr. Rigby, ID 83442

6. Future effective date of filing (optional): _____

Signature of a manager, member or authorized person.

Signature

Typed Name: Terri L. Smith

Secretary of State use only

Signature

Typed Name: _____

IDaho SECRETARY OF STATE
07/11/2011 05:00
CK: 3883 CT: 260524 BH: 1201867
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