



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

11 JUL 11 AM 9:45

SECRETARY OF STATE
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

Address

Terri L. Smith

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

Terri L. Smith

Typed Name: Terri L. Smith

Signature

Typed Name:

Secretary of State use only

IDAHO SECRETARY OF STATE
07/11/2011 05:00
CK: 3883 CT: 268524 BH: 1201867
1 @ 100.00 = 100.00 ORGAN LLC # 2

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