



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

**FILED EFFECTIVE**

2014 JAN 29 AM 9:40

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

Trailwinds Associates, LLC

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

309 E. Lake Street Suite, 1, McCall, ID 83638

(Street Address)

(Mailing Address, if different than street address)

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

Kathleen F. Roma CPA PLLC

(Name)

1045 S. Ancona Ave. Ste 150 Eagle, ID 83616

(Street Address)

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

Name

Address

Chance Hobbs

1244 Herrick Street McCall, ID 83638

Bill Truax

2832 S. Portside Ave. Boise, ID 83706

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

1045 S. Ancona Ave. Suite 150 Eagle, ID 83616

6. Future effective date of filing (optional): \_\_\_\_\_

Signature of a manager, member or authorized person.

Secretary of State use only

Signature

Typed Name: Chance Hobbs

Signature

Typed Name: \_\_\_\_\_

IDAHO SECRETARY OF STATE  
01/29/2014 05:00  
CK: 1344 CT: 277768 BH: 1488217  
1 @ 100.00 = 100.00 ORGAN LLC # 2

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