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CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE
JUN 10 PM 2:05
SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Thomas Dean, LLC

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

609 6th Ave., Deary, ID 83823

(Street Address)

P.O. Box 201, Deary, ID 83823

(Mailing Address, if different than street address)

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

Thomas Dean

(Name)

609 6th Ave., Deary, ID 83823

(Street Address)

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

Name

Address

Thomas Dean

609 6th Ave., Deary, ID 83823

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

P.O. Box 201, Deary, ID 83823

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

Signature of a manager, member or authorized person.

Signature

Susan R. Wilson

Typed Name: Susan R. Wilson, Attorney at Law

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

06/10/2016 05:00

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