



# ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

**FILED EFFECTIVE**

06 MAY -5 PM 4: 39

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

T L P, LLC

2. The street address of the initial registered office is:

7147 CASCADE DRIVE, BOISE, IDAHO 83704

and the name of the initial registered agent at the above address is:

ILENE JOHNSON

3. The mailing address for future correspondence is:

1010 NORTH COLE ROAD, BOISE, IDAHO 83704

4. Management of the limited liability company will be vested in:

Manager(s)  or Member(s)  (please check the appropriate box)

5. If management is to be vested in one or more manager(s), list the name(s) and address(es) of at least one initial manager. If management is to be vested in the member(s), list the name(s) and address(es) of at least one initial member.

Name	Address
<u>ILENE JOHNSON</u>	<u>7147 CASCADE DR., BOISE, ID 83704</u>
<u> </u>	<u> </u>
<u> </u>	<u> </u>
<u> </u>	<u> </u>
<u> </u>	<u> </u>

6. Signature of at least one person responsible for forming the limited liability company:

Signature: *Ilene Johnson*

Typed Name: ILENE JOHNSON

Capacity: MEMBER

Signature: \_\_\_\_\_

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

Capacity: \_\_\_\_\_

Secretary of State use only

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05/08/2006 05:00  
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Revised 07/2002