## **FILED EFFECTIVE**



## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

2011 OCT 20 AM 10: 43

	(Instructions on back of application)		SEURETARY OF STATE STATE OF IDAHO
1. The name	of the limited liability co	mpany is:	- -
		Tiger Pete's LLC	
	lete street and mailing ac ing Rock Rd., Idaho Falls, Ida		lesignated/principal office:
(Street Addre	958)		•
(Mailing Add	ress, if different than street address)		
3. The name	and complete street add	dress of the registered	agent:
Joel Peter	so <b>n</b>	3985 Flaming Rock Rd.	, Idaho Falis, Idaho 83401
(Name)		(Street Address)	*
4. The name company:	and address of at least	one member or manag	er of the limited liability
	<u>Name</u>		Address
Joel Peters	son	3985 Flaming Rock Rd.	, Idaho Falls, Idaho 83401
	•		
P 43:40	lakanan dan diakanan sa masa sa sa	undaman famusial usu -uk	national
	dress for future correspo		nouces).
Jago Liam	ing Rock Rd., Idaho Falls, Ida	110 00401	
6 Future off	ective date of filing (optio	nal):	
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Signature of	a manager, meanber o	r authorized	
person.	111	//	Secretary of State use only
/i	(LA/11)11.	And	Causing of State Day Only
Signature/_	Panalay Synthord Eag	The	
Typed Name:	Ronald L. Swafford, Esq/		
Cianotimo			
			IDAHO SECRETARY OF STAT
TADAO MAIUR!		1	APROL SELECTIMET III STOT

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