



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

**FILED EFFECTIVE**

2013 OCT 16 PM 2:17

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

Trey Bien LLC

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

115 Brome Dr, Victor ID 83455

(Street Address)

Same

(Mailing Address, if different than street address)

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

Kathryn Knipe

(Name)

115 Brome Dr, Victor ID 83455

(Street Address)

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

**Name**

**Address**

Kathryn Knipe

115 Brome Dr, Victor ID 83455

Jayne Knipe

10954 SW Springwood Dr, Tigard OR 97263

Brian Knipe

4309 Sioux Ct, St Cloud FL 34772

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

115 Brome Dr, Victor ID 83455

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

Signature of a manager, member or authorized person.

Signature

Typed Name:

Jayne Knipe

Signature

Typed Name:

KATHRYN KNIPE

Secretary of State use only

IDAHO SECRETARY OF STATE  
10/16/2013 05:00  
CK: 1502630 CT: 172099 BH: 1394171  
1 @ 100.00 = 100.00 ORGAN LLC # 2

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