

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY DEC 22 AM 9: 24

	n back of application) SECRETARY OF STATE STATE OF IDAHO
1. The name of the limited liabili	
	TAD, LLC
2. The complete street and maili	ing addresses of the initial designated/principal office:
	Villow Street, American Falls, ID 83211
	American Falls, Id. 8321)
(Mailing Address, if different than street ad	(dress)
3. The name and complete stree	et address of the registered agent:
Thayne Driscoll	3140 Willow Street, American Falls, ID 83211
(Name)	(Street Address)
The name and address of at le company:	east one member or manager of the limited liability
Name	Address
Thayne Driscoil	3140 Willow Street, American Fails, ID 83211
5. Mailing address for future con Thayne Driscol	respondence (annual report notices):
6. Future effective date of filing ((optional):
Signature of organizer(s). (An organ cting in behalf of a member or member	s).
Signature Shayne Union	Secretary of State use only
yped Name: Thayne Dr	
ignature	TRANS CONDETABLY OF STATE
yped Name:	IDAHO SECRETARY OF STATE 12/22/2008 05:0 CK: 16981 CT: 1853 BH: 1149
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