## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

THEO EFFECTIVE

Part of			Cata in.
W.	(Instructions on back of application)		SECRETARY STATE
1.	The name of the limited liability company is:		STATE OF THE STATE
	Trip	le D Construction LLC	
2.	The complete street and mailing addresses of the initial designated/principal office:		
	631 Grant, Montpeller, ID 83254		
	(Street Address)		
	(Mailing Address, if different than street address)		
3.	The name and complete street addi	ress of the registered	agent:
	United States Corporation Agents, Inc.	3006 E. Goldstone Driv	ve, Suite 218, Meridian, ID 83642
	(Name)	(Street Address)	
4	The name and address of at least one member or manager of the limited liability		
	company:		a delement
	Name		Address
	Dolan Phelps 631 Grant, Montpeller, ID 83254		1D 63254
		•	
		***************************************	Service of the servic
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_		adanaa (annual renor	t potices):
Ð,	Mailing address for future correspondence (annual report notices):		
	c/o: Triple D Construction LLC, 631 Gran	t, Montpelier, ID 83254	
		±	
6.	Future effective date of filing (option	nal):	
	1	1	
Sig	nature of a manager, member or	authorized	
-	son.	<i>f</i> t	Secretary of State use only
			Occident to other tast only
Sig			
Typ	ed Name: Karla Figueroa, Legalzoom.c	om, Inc.	
	1		
Sig	nature /		IDAHO SECRETARY OF STATE
-	ed Name:		05/09/2011 05:00 CK: 673955 CT: 172899 BH: 127298
- 31			1 0 100.00 = 100.00 ORGAN LLC # 8

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