



0004460465

**STATE OF IDAHO***Office of the secretary of state, Lawrence Denney***CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY**

Idaho Secretary of State

PO Box 83720

Boise, ID 83720-0080

(208) 334-2301

Filing Fee: \$100.00

*For Office Use Only***-FILED-**

File #: 0004460465

Date Filed: 10/25/2021 9:50:50 PM

| Certificate of Organization Limited Liability Company                                                                                                                            |                                                                                                                                                                        |      |         |                |                                          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|---------|----------------|------------------------------------------|
| Select one: Standard, Expedited or Same Day Service (see descriptions below)                                                                                                     | Standard (filing fee \$100)                                                                                                                                            |      |         |                |                                          |
| 1. Limited Liability Company Name                                                                                                                                                |                                                                                                                                                                        |      |         |                |                                          |
| Type of Limited Liability Company                                                                                                                                                | Limited Liability Company                                                                                                                                              |      |         |                |                                          |
| Entity name                                                                                                                                                                      | Tryop LLC                                                                                                                                                              |      |         |                |                                          |
| 2. The complete street address of the principal office is:                                                                                                                       |                                                                                                                                                                        |      |         |                |                                          |
| Principal Office Address                                                                                                                                                         | 1920 E MEADOW LN<br>POST FALLS, ID 83854                                                                                                                               |      |         |                |                                          |
| 3. The mailing address of the principal office is:                                                                                                                               |                                                                                                                                                                        |      |         |                |                                          |
| Mailing Address                                                                                                                                                                  | 1920 E MEADOW LN<br>POST FALLS, ID 83854-9535                                                                                                                          |      |         |                |                                          |
| 4. Registered Agent Name and Address                                                                                                                                             |                                                                                                                                                                        |      |         |                |                                          |
| Registered Agent                                                                                                                                                                 | Registered Agent<br>Paul Spooner<br>Physical Address:<br>1920 E MEADOW LN<br>POST FALLS, ID 83854<br>Mailing Address:<br>1920 E MEADOW LN<br>POST FALLS, ID 83854-9535 |      |         |                |                                          |
| <input checked="" type="checkbox"/> I affirm that the registered agent appointed has consented to serve as registered agent for this entity.                                     |                                                                                                                                                                        |      |         |                |                                          |
| 5. Governors                                                                                                                                                                     |                                                                                                                                                                        |      |         |                |                                          |
| <table border="1"><thead><tr><th>Name</th><th>Address</th></tr></thead><tbody><tr><td>Paul D Spooner</td><td>1920 E MEADOW LN<br/>POST FALLS, ID 83854</td></tr></tbody></table> |                                                                                                                                                                        | Name | Address | Paul D Spooner | 1920 E MEADOW LN<br>POST FALLS, ID 83854 |
| Name                                                                                                                                                                             | Address                                                                                                                                                                |      |         |                |                                          |
| Paul D Spooner                                                                                                                                                                   | 1920 E MEADOW LN<br>POST FALLS, ID 83854                                                                                                                               |      |         |                |                                          |
| Signature of Organizer:                                                                                                                                                          |                                                                                                                                                                        |      |         |                |                                          |
| <i>Paul Daniel Spooner</i>                                                                                                                                                       | <i>10/25/2021</i>                                                                                                                                                      |      |         |                |                                          |
| Sign Here                                                                                                                                                                        | Date                                                                                                                                                                   |      |         |                |                                          |

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