

Printed Name:

Signature:

Rev. 01/2018

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

Title 30, Chapters 21 and 25, Idaho Code
Base Filing fee: \$100.00 typed, \$120 not typed

FILED EFFECTIVE

2018 JUL -2 AM 10: 33

W 204666

Complete and submit the ap	plication in	<u>duplicate</u> .	
The name of the limited liability compar	nv is:		SECRETARY OF STATE STATE OF IDAHO
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		TVSES	d Company, "or the abbreviations L.L.C., ŁLC, or LC)
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The complete street and mailing address	sses of the	principal o	office is:
2049.0 Pet UN Par	ma FI	0 93	bleco
(Street Address)		<u>r </u>	
(Mailing Address, if different)			
The area and accordate storet address		-1	and.
The name and complete street address	or the regi	stered age	ent:
Boden Truman	3040	20 bet	LN Parma ID 93660
(Name)	(Address)		
The name and address of at least one	governor of	the limite	d liability company:
Boden Truman	30440	Pet 1	N Parma IV 83660
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Mailing address for future corresponder	nce (annual	I report no	otices):
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ature of organizer(s).			
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ed Name: Boden Trowwin		_	IDAHO SECRETARY OF STATE
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