



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

Title 30, Chapters 21 and 25, Idaho Code

Base Filing fee: \$100.00 + \$20.00 for manual processing (form must be typed).

For Office Use Only

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1. The name of the limited liability company is:

1812 TGL LLC

(Remember to include the words "Limited Liability Company," "Limited Company," or the abbreviations L.L.C., LLC, or LC)

2. The complete street and mailing addresses of the principal office is:

4442 W Riverbend Ave. Post Falls, ID 83854

(Street Address)

(Mailing Address, if different)

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

Tim Ledford

4442 W Riverbend Ave. Post Falls, ID 83854

(Name)

(Address)

4. The name and address of at least one governor of the limited liability company:

Tim Ledford

4442 W Riverbend Ave. Post Falls, ID 83854

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

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

4442 W Riverbend Ave. Post Falls, ID 83854

(Mailing Address)

Signature of organizer(s).

Printed Name: Tim Ledford

Signature: 

Printed Name: _____

Signature: _____

Secretary of State use only