



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

11 AUG 29 AM 9:29

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

TNL Rental Services, LLC

2. The complete street and mailing addresses of the initial designated/principal office:

6050 E Frazier Dr, Post Falls, ID 83854

(Street Address)

(Mailing Address, if different than street address)

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

Laura Simas

(Name)

6050 E Frazier Dr, Post Falls, ID 83854

(Street Address)

4. The name and address of at least one member or manager of the limited liability company:

Name

Address

Laura Simas

6050 E Frazier Dr, Post Falls, ID 83854

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

6050 E Frazier Dr, Post Falls, ID 83854

6. Future effective date of filing (optional): _____

Signature of a manager, member or authorized person.

Secretary of State use only

Signature

Laura Simas

Typed Name: Owner

Signature

Typed Name:

IDAHO SECRETARY OF STATE
08/29/2011 05:00
CK: 1245 CT: 261964 BH: 1208322
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