



CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

2015 SEP -2 AM 8:18

(Instructions on back of application)

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

TORNKVIST INVESTMENTS LLC

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

1297 Abby CT, Idaho Falls, ID 83402

(Street Address)

(Mailing Address, if different than street address)

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

Karen Tornkvist

(Name)

1297 Abby Ct. Idaho Falls, ID 83402

(Street Address)

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

Name

Address

Karen Tornkvist

1297 Abby Ct. Idaho Falls, ID 83402

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

1297 Abby CT, Idaho Falls, ID 83402

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

Signature of organizer(s). (An organizer is a member, or is acting in behalf of a member or members).

Signature

Typed Name: MARSHA SIHA

Signature

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

09/02/2015 05:00

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