

FILED EFFECTIVE



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2016 DEC 21 PM 3:20

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

TRP, LLC

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

4555 Shamrock Ave.

(Street Address)

(Mailing Address, if different than street address)

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

Tony Mariani

(Name)

4555 Shamrock Ave, Boise, Idaho 83713

(Street Address)

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

Name

Address

Tony Mariani

4555 Shamrock Ave, Boise, Idaho 83713

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

4555 Shamrock Ave., Boise, Idaho 83713

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

Signature of a manager, member or authorized person.

Signature _____

Typed Name: Tony Mariani, Manager

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

12/21/2016 05:00

CK:4443014 CT:172099 BH:1560494

1@ 100.00 = 100.00 ORGAN LLC #2

1@ 20.00 = 20.00 EXPEDITE C #3

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