



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

**FILED EFFECTIVE**

2013 MAY 30 PM 4:11

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

T3 Management, LLC

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

10244 Countryman Dr., Boise, ID 83709

(Street Address)

(Mailing Address, if different than street address)

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

Idaho Estate Planning PC

(Name)

839 E. Winding Creek Dr., Ste. 102, Eagle, ID 83616

(Street Address)

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

**Name**

**Address**

Christine E. Hansen

10244 Countryman Dr., Boise, ID 83709

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

839 E. Winding Creek Dr., Ste. 102, Eagle, ID 83616

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature

*Christine Hansen*

Typed Name: Christine Hansen

Signature

Typed Name:

Secretary of State use only

IDAHO SECRETARY OF STATE  
05/30/2013 05:00  
CK: 7691 CT: 188203 BH: 1376037  
1 @ 100.00 = 100.00 ORGAN LLC # 2

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