CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

09 APR 20 AM 9: 50

(Instructions on back of application)

SECHETARY OF STATE

| The name of the limited liability of | company is: |
|--|--|
| | TMMT, LLC |
| The complete street and mailing | addresses of the initial designated/principal office: |
| • | 350 N, ST. ANTHONY, ID 83445 |
| (Street Address) | SAME |
| (Mailing Address, if different than street address | |
| The name and complete street a | ddress of the registered agent: |
| ETIENNE MOLLE | 1870 E 350 N, ST ANTHONY, ID 83445 |
| (Name) | (Street Address) |
| The name and address of at leas company: Name | st one member or manager of the limited liability Address |
| ETIENNE MOLLE | 1870 E 350 N, ST ANTHONY, ID 83445 |
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| | * |
| Mailing address for future corresp | |
| 15 WES | T MAIN ST, REXBURG ID 83440 |
| Future offentive data of filler (ant | tional): |
| Future effective date of filing (opt | uoriary. |
| nach an af and an are of -N co | |
| gnature of organizer(s). (An organizer ting in behalf of a/member or members). | is a member, or is |
| | Secretary of State use only |
| gnature Kunne Blanco | sx//pule: |
| ped Name: ETIENNE MOL | LE ខ្លឹ |
| - | 908 800 |
| gnature | LE |
| ped Name: | CK: 636 CT: 111826 BH: 11 |

1 8 20.98 = 20.00 EXPEDITE C # 3