

Printed Name:

Rev. 11/2015

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

Title 30, Chapters 21 and 25, Idaho Code Filing fee: \$100 typed, \$120 not typed

Complete and submit the application in duplicate.

FILED EFFECTIVE

SECRETARY OF STATE STATE OF IDAHO

|  | STATE OF IDAHU                           |   |  |
|--|--|---|--|
| The name of the limited limited limited        |  |   |  |
| TPASS ENTERPRISES,                             |  |   |  |
| (Remember to include t                         | ne words "Limited Liability Company,"    | "Limited Company," or the abbreviations L.L.C., LLC, or LC) |  |
| The complete street and a 502 MARIAH AVE APT 2 | mailing addresses of the prin            | ncipal office is:   |  |
| (Street Address)                               | 12 READURG, ID 63440                     |   |  |
| (2.000x 100x 200)                              |  |   |  |
| (Mailing Address, if different)                |  |   |  |
| The name of the registere                      | ed agent and street address              | of the registered agent:                                    |  |
| TAYLOR PASS                                    | 502 MARIAH AVE APT 212 REXBURG, ID 83440 |   |  |
| (Name)   | (Address <b>cannot</b> be a (            | (Address cannot be a post office box or postal mail box)    |  |
|  |  |   |  |
|  | at least one governor of the             |   |  |
| TAYLOR PASS                                    | 502 MARIAH AVE APT 212 REXBURG, ID 83440 |   |  |
| (Name)   | (Address)                                |   |  |
| (Name)   | (Address)                                |   |  |
|  | (Mudiesa)                                |   |  |
| (Name)   | (Address)                                |   |  |
|  |  |   |  |
| (Name)   | (Address)                                |   |  |
| Mailing address for future                     | correspondence (annual re                | port notices):  |  |
| 502 MARIAH AVE APT 2                           | · ·                                      | ,   |  |
| (Address)                                      |  |   |  |
|  |  |   |  |
| ature of organizer(s).                         | ,  |   |  |
| ature: MAG JAN                                 |  | Secretary of State use only                                 |  |
| 5.0.0. <u>11/10</u> 5 1                        | <i></i>                                  |   |  |
| ted Name: TAYLOR PASS                          |  | IDAHO SECRETARY OF STATE                                    |  |
|  | <del></del>                              | 09/24/2018 05:00  |  |
| ature:   |  | CK:138 CT:363955 BH:1665864                                 |  |

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