



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

	(mati dottorio en back	or appropriation)
1.	The name of the limited liability com	npany is:
	Tio	dbits of Idaho, LLC
2.	The complete street and mailing addresses of the initial designated office: 1820 E 17th Street, Suite 350, Idaho Falls, ID 83404 (Street Address)	
	(Mailing Address, if different than street address)	
3.	. The name and complete street address of the registered agent:	
	Travis Johnson (Name)	1820 E 17th Street, Suite 320, Idaho Falls, ID 83404 (Street Address)
	company:	ne member or manager of the limited liability
	Name	Address
	Travis Johnson	7200 S Culebra Rio, Idaho Falls, ID 83406
	K. Darby Smith	10 N 3900 E, Rigby, ID 83442
5. Mailing address for future correspondence (annual report notices):		ndence (annual report notices):
	1820 E 17th Street, Suite 320, Idaho Falls, ID 83404	
6 .	Future effective date of filing (option	
Sigr pers	nature of a manager, member or son.	
·		Secretary of State use only
Signature		
Тур	ed Name: Travis Johnson	
•	ed Name: K. Darby Smith	IDAHO SECRETARY OF STATE 95/18/2012 95:00 CK: 7845 CT: 126526 BH: 1324738 1 8 198 88 = 189.88 ORGAN ILC # 2
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