

FILED EFFECTIVE



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

09 AUG -5 AM 8:20

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

TLee Apparel, LLC

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

2192 Tendoy Street, Twin Falls, ID 83301

(Street Address)

(Mailing Address, if different than street address)

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

Tamara L. Turner

2192 Tendoy Street, Twin Falls, ID 83301

(Name)

(Street Address)

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

Name

Address

Tamara L. Turner

2192 Tendoy Street, Twin Falls, ID 83301

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

2192 Tendoy Street, Twin Falls, ID 83301

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

Signature of organizer(s). (An organizer is a member, or is acting in behalf of a member or members).

Signature: *Tamara L. Turner*
Typed Name: Tamara L. Turner

Signature _____
Typed Name: _____

Secretary of State use only

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Revised 07/2008

IDAHO SECRETARY OF STATE
08/05/2009 05:00
CK: 1191 CT: 239395 BH: 1181595
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