

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

2012 OCT -4 PM 2: 24 SECRETARY DF STATE

(instructions on back of ap	plication) STATE OF IDAHO
1. The name of the limited liability company	is:
Tricol lypuges \$ los	isating III
The complete street and mailing addresses of the initial designated office:	
(Street Address)	# 323
(Mailing Address, if different than street address))
3. The name and complete street address of the registered agent:	
Robert Farias 2 (Street	et Address) Boise, ID 83706
The name and address of at least one me company:	
Name	Address
Robert tarias al	11 5. they Ave
<u> </u>	015 (D) 83,106
	
Mailing address for future correspondence (annual report notices):	
IIIle 5. Vista Ave #	333 Boise, 10 85 105
6. Future effective date of filing (optional):	
Signature of a manager, member or authorized	
person.	Secretary of State use only
Signature With I	
Typed Name: Robert Faring	
Signature	IDAHO SECRETARY OF STATE
Typed Name:	

cert_org_lic Rev. 07/2010

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