

Typed Name: Juanita O'Maley

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

(Instructions on back of application)

10 FEB 18 PM 1: 29

1	The name of the limited liability com	nany is	·		SECHET	ARY OF STATE	
••	SLASH T RODEO COMPANY, LL		•		STATE	OF IDAHO	
2.	The complete street and mailing add 1413 South 1600 East (Street Address) GOODING, ID 83330 (Mailing Address, if different than street address)		of the ini	tial des	ignated/	principal office	e:
3.	The name and complete street address of the registered agent:						
	PAT O'MALEY (Name)	1413 (Street A		1600	East,	Gooding,	Id
4.	The name and address of at least or company:	ie meml	ber or ma	anager	of the li	mited liability	
	Name JUANITA O'MALEY	1413	South		ddress East,	Gooding,	Iđ
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			<u> </u>	· · · · · · · · · · · · · · · · · · ·			
							
5.	Mailing address for future correspond	•		•	otices):		
	1413 South 1600 East, Good	ing,	10 93	330			
6.	Future effective date of filing (options	al):			·		
_	nature of organizer(s). (An organizer is a not on the second seco	member,	or ís				
	O wast		OWA		Secretary	of State use only	
_	nature Val O'Maley ped Name: Pat O'Maley		A Cong		W	90759	
•	nature Juanite Omai	Peg	ms/LLC forms/cer/rised 07/2008		02/ CX: 26	OAHO SECRETARY OF '18/2010 89 CT: 245054 B	STATE 05 = (H: 120
Tvr	ed Name: Juanita O'Malev	(/	S S S S S S S S S S S S S S S S S S S		1 9 18	8.00 = 100.99 O	rgan Li