

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY 12 FEB 14 PM 1: 07

(Instructions on back of application)

SECTION OF STATE

STATE OF IDAHO
1. The name of the limited liability company is:
Tri financial LLC
2. The complete street and mailing addresses of the initial designated office:
7355 S. Gischman Pd, Boise, ID 83714.
(Mailing Address, if different than street address)
3. The name and complete street address of the registered agent:
Douglas P. Brasher 3059 Bear Claw Pl., Meridian, 10 8241; (Name)
4. The name and address of at least one member or manager of the limited liability company:
Douglas P. Brasher 3059 Bear Claw Pl., Meridian, 10 836472
5. Mailing address for future correspondence (annual report notices): 7355 S. FISEN WAY Pd., BOISE, 10 837/4
6. Future effective date of filing (optional):
Signature of a manager, member or authorized
person. Secretary of State use only
Signature
Typed Name: Douglas P. Brasher
Signature IDAHD SECRETARY OF STATE
Typed Name: U2/14/2012 05:00 CK: CASH CT: 212375 BH: 131066

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