

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2014 JUN 10 AM 8: 35

(11.00.000.00	on such as applicated	•••	, , , , , , , , , , , , , , , , , , ,
1. The name of the limited lia	bility company is:		SECRETARY OF
TDMR, LLC			STATA
2. The complete street and m	•	e initial designated office	
691 W Hartack Ct., Meridian, II (Street Address)) 83642		
(Mailing Address, if different than stree	t addrace)		
3. The name and complete st		nistered agent:	
o. The name and complete of		giotorod agorie	
Tony Aramburu		691 W Hartack Ct., Meridian, ID 83642 (Street Address)	
(Name)	(Street Address		
 The name and address of a company: 	at least one member o	or manager of the limited	liability
<u>Name</u>		Address	
Tony Aramburu	691 W Hartad	691 W Hartack Ct., Meridian, ID 83642	
			
			
5. Mailing address for future o	correspondence (annu	al report notices):	
691 W Hartack Ct., Meridian, IE	•		
6. Future effective date of filin	g (optional):		
Signature of a manager, me	mber or authorized		
erson.		Secretary of State	use only
Signature Jones			ETARY OF STATE
yped Name: Tony Aramburu			014 05:00
/1 <u> </u>		CK:485 CT:250	02 <mark>55 BH:1428</mark> 5
		10 100 00 = 100	O OD ORGANIT.

W/38840

Signature _____

Typed Name: _____