

CERTIFICATE OF ORGANIZATION

LIMITED LIABILITY COMPANY

(Instructions on back of application)

09 FEB 17 PM 12:51

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

TAILORED MANAGEMENT LLC

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

397 STATE STREET, ALBANY, NY 12210

(Street Address)

(Mailing Address, if different than street address)

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

MATTHEW TAYLOR

(Name)

2571 FALLS AVENUE EAST, TWIN FALLS, ID 83301

(Street Address)

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

Name

MATTHEW TAYLOR

Address

2571 FALLS AVENUE EAST, TWIN FALLS, ID 83301

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

2571 FALLS AVENUE EAST, 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 _____

*Marsha Siha*Typed Name: MARSHA SIHA

Secretary of State use only

Signature _____

Typed Name: _____

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