



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

10 FEB -8 AM 9:24

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

T.G.A.B., LLC

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

2750 W. 7879 S., Victor, ID 83455

(Street Address)

(Mailing Address, if different than street address)

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

Ben Kearsley

2750 W. 7879 S., Victor, ID 83455

(Name)

(Street Address)

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

Name

Address

Ben Kearsley

2750 W. 7879 S., Victor, ID 83455

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

2750 W. 7879 S., Victor, ID 83455

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

Typed Name: Ben Kearsley

Signature

Typed Name:

Secretary of State use only

9 Subpoenaed L.C. for non-payment, 07/20/08
Revised 07/20/08

IDAHO SECRETARY OF STATE
02/08/2010 05:00
CK: 1954 CT: 244721 DH: 1207102
1 @ 100.00 = 100.00 ORGAN LLC # 2

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