



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

10 JUN 21 AM 9:06

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

Duality LLC

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

3772 Saddle Bluff Trail, Teton, Idaho 83452

(Street Address)

P.O. Box 314 Driggs, Idaho 83422

(Mailing Address, if different than street address)

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

Travis Foley

(Name)

3772 Saddle Bluff Trail, Teton, Idaho 83452

(Street Address)

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

**Name**

Travis Foley

**Address**

3772 Saddle Bluff Trail, Teton, Idaho 83452

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

P.O. Box 314 Driggs, Idaho 83422

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:

Travis Foley

Signature

Typed Name:

Tori Winn-Foley

Secretary of State use only

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Revised 07/2008

IDAHO SECRETARY OF STATE  
06/21/2010 05:00  
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