

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

10 JUN 28 AM 9: 00

SECRETARY OF STATE

1. The name of the limite	. The name of the limited liability company is:		STATE OF IDAHO
	T&AV	Velding, LLC	
2. The complete street an		es of the initial y, Kimberly, ID 83	designated/principal office:
(Street Address)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
(Mailing Address, if different than	street address)		
3. The name and complet	e street address of	f the registered	d agent:
Todd L. Okelberi		1220 Ballard Way, Kimberly, ID 83341	
(Name)	(Stree	et Address)	
The name and address company:	of at least one me	ember or mana	ger of the limited liability
<u>Name</u>		Address	
Todd L. Okelber	rry	1220 Ballard Way, Kimberly, ID 83341	
		······································	
			· · · · · · · · · · · · · · · · · · ·
5. Mailing address for futur			
	1220 Ballard Way,	Kimberly, ID 833	341
6. Future effective date of f	filing (optional):		
Signature of organizer(s). (An	organizer is a membe	er, or is	
acting in behalf of a member or me	pmbers). ⊿/l		Secretary of State use only
	Whorm 1	DWO:	· · · · · · · · · · · · · · · · · · ·
Signature / All / (1/4)			
	L. Okelberry		
Signature / AM / Web Typed Name: Todd	L. Okelberry	ns\cert_org_R	
Typed Name: Todd	L. Okelberry	LC forms/cert_org_fit	IDAHO SECRETARY OF STATE
	L. Okelberry	g/corp/forms\cert_org_fic.PMD Revised 07/2008	IDAHO SECRETARY OF STATE 06/28/2010 05:0 6 CK: 1170 CT: 249226 BH: 122846 1 0 100.00 - 100.00 ORGAN LLC #