



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

**FILED EFFECTIVE**

11 OCT 14 AM 9:11

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

TROWBRIDGE & TROWBRIDGE LLC

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

1923 SIGRID AVE, TWIN FALLS, ID 83301

(Street Address)

(Mailing Address, if different than street address)

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

CRAIG W TROWBRIDGE

(Name)

262 MARIPOSA CIRCLE, SHOSHONE, ID 83352

(Street Address)

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

Name

Address

CRAIG W TROWBRIDGE

PO BOX 187, SHOSHONE, ID 83352

BENJAMIN K TROWBRIDGE

1923 SIGRID AVE, TWIN FALLS, ID 83301

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

1923 SIGRID AVE, TWIN FALLS, ID 83301

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature

Typed Name: CRAIG W TROWBRIDGE

Signature

Typed Name: BENJAMIN K TROWBRIDGE

Secretary of State use only

IDAHO SECRETARY OF STATE  
10/14/2011 05:00  
CK: 98506767 CT: 263280 RM: 1294198  
1 @ 100.00 = 100.00 ORGAN LLC # 2

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