



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

**FILED EFFECTIVE**

10 AUG -2 AM 8:44

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

TW Machine LLC.

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

1535 Burrell Ave. Lewiston ID 83501

(Street Address)

(Mailing Address, if different than street address)

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

Travis B Williams

(Name)

1535 Burrell Ave. Lewiston ID 83501

(Street Address)

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

**Name**

**Address**

Travis B Williams

1535 Burrell Ave. Lewiston ID 83501

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

1535 Burrell Ave. Lewiston ID 83501

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature

*Travis B Williams*

Typed Name: Travis B Williams

Signature

Typed Name:

Secretary of State use only

IDAHO SECRETARY OF STATE  
08/02/2010 05:00  
CK: 1271 CT: 250052 DH: 1232926  
1 @ 100.00 = 100.00 ORGAN LLC # 2

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