

## CERTIFICATE OF ORGANIZATION SECTION SE

LIMITED LIABILITY COMP	ANY STATERY OF 29
(Instructions on back of application)	ANY STATE OF OF STATE
1. The name of the limited liability company is:	MOMIE
Team T- DuB LLC	
2. The complete street and mailing addresses of the  65   E. W. Houbrook D.  (Street Address)  Mecidian Fd. 83646	initial designated office:
(Mailing Address, if different than street address)  3. The name and complete street address of the regis	stered agent:
Tedy Wilson 65/F. (Name) (Street Address)	•
The name and address of at least one member or company:	manager of the limited liability
	<u>Address</u>
Teddy Wilson 651E.	Willoubrook Dr. morida
	836
<del>-</del>	
	**************************************
5. Mailing address for future correspondence (annual	report notices):
651 E. Willowbrook Dr. Men	dian ID 83646
Future effective date of filing (optional):	
Signature of a manager, memb <del>er or</del> authorized person.	
A 11 ( )	Secretary of State use only
Signature Jedy Mu	
yped Name: Teddy Wilson	
	IDAHO_SECRETARY_OF_STATE
Signature	04/13/2012 05:00 CK: CASH_ CT: 269299 BH: 1319776
Typed Name:	1 P 100.00 = 100.00 ORGAN LLC 0 2

cert\_org\_lic Rev. 07/2010

1 P 100.00 = 100.00 ORGANILLO # 2