



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

Title 30, Chapters 21 and 25, Idaho Code

Base Filing fee: \$100.00 typed, \$120 not typed

Complete and submit the application in duplicate.

FILED EFFECTIVE

2018 AUG -6 AM 9:55  
SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

Transient & Associates LLC

*(Please print or type the name of the limited liability company in full.)*

2. The complete street and mailing addresses of the principal office is:

267 LeClerc Rd, Oldtown, Idaho, 83822

*(Please print or type the address.)*

*(Please print or type the address.)*

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

Matthew Goettemoeller

267 LeClerc Rd, Oldtown, Idaho, 83822

*(Please print or type the name.)*

*(Please print or type the address.)*

4. The name and address of at least one governor of the limited liability company:

Matthew Goettemoeller

267 LeClerc Rd, Oldtown, Idaho, 83822

*(Please print or type the name.)*

*(Please print or type the address.)*

*(Please print or type the name.)*

*(Please print or type the address.)*

*(Please print or type the name.)*

*(Please print or type the address.)*

*(Please print or type the name.)*

*(Please print or type the address.)*

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

267 LeClerc Rd, Oldtown, Idaho, 83822

*(Please print or type the address.)*

Signature of organizer(s).

Printed Name: Matthew Goettemoeller

Signature:

*(Handwritten signature of Matthew Goettemoeller)*

Printed Name:

Signature:

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Secretary of State use only

IDAHO SECRETARY OF STATE

08/06/2018 05:00

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