



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

10 MAR -8 AM 8:31

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

TW Distributors LLC

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

3945 N. 22ND ST COEUR D'ALENE ID 83815  
(Street Address)

(Mailing Address, if different than street address)

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

TOM WOOD  
(Name)

3945 N. 22ND ST CDA, ID 83815  
(Street Address)

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

Lisa HUNT  
Name

3945 N. 22ND ST CDA, ID 83815  
Address

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

3945 N. 22ND ST CDA, ID 83815

6. Future effective date of filing (optional):

Signature of organizer(s). (An organizer is a member, or is acting in behalf of a member or members)

Signature [Signature]  
Typed Name: \_\_\_\_\_

Signature \_\_\_\_\_  
Typed Name: \_\_\_\_\_

Secretary of State use only

W91265

IDAHO SECRETARY OF STATE  
03/08/2010 05:00  
CK: 2623 CT: 87179 BH: 1211489  
1 @ 100.00 = 100.00 ORGAN LLC # 2