

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2013 JUL 22 PM 1: 27

(matractions on back of applic	SECRETARY OF ADVICE
1. The name of the limited liability company is	SECRETARY OF STATE STATE OF IDAHO
TRUE DONE	rmance LLC
2. The complete street and mailing addresses	1 manca LC
2. The complete street and mailing addresses	of the initial designated office:
(Street Address)	ving Way
(Street Address) Wildiam Ta 8 (Mailing Address if different than street address)	23646
(Mailing Address, if different than street address)	
The name and complete street address of the	e registered agent:
k - C/	
Kevin Shannahan (Street A	Shme
(Street A	ddress)
4. The name and address of at least one mani-	har or manager of the limited tick titl.
The name and address of at least one members company:	ber or manager or the limited liability
	Address
Kevin Shannahan Mika Shannahan	6 ame
4. 2. C/	
Mike) hannahan	5 Cme
5. Mailing address for future correspondence (a	ennual report potices):
Same	anidal report notices).
Juniz	
6. Future effective date of filing (optional):	
o. Takaro shoshve date of ming (optional).	
Signature of a manager member or subtracti	
Signature of a manager, member or authorize person.	zea
1111	Secretary of State use only
Signature	
Typed Name: Mike Shannahar	•
Signature	IDAHO SECRETARY OF STATE 97/22/2013 05:00
Typed Name:	CK: 1485888 CT: 172099 BH: 1382977

cert_org_lic Rev. 07/201

9/21/2012