



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

11 APR 18 AM 8:45

(Instructions on back of application)

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

T Post Driver, LLC

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

500 Overland Road, Sagle, Idaho 83860

(Street Address)

same as above

(Mailing Address, if different than street address)

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

Orren E. Overland

(Name)

500 Overland Road, Sagle, Idaho 83860

(Street Address)

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

Name

Address

Orren E. Overland

500 Overland Road, Sagle, Idaho 83860

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

500 Overland Road, Sagle, Idaho 83860

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature Orren E. Overland

Typed Name: Orren E. Overland

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
04/18/2011 05:00
CK: 5628 CT: 91618 BH: 1269725
1 @ 100.00 = 100.00 ORGAN LLC # 2

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