



0005064068

**STATE OF IDAHO**

Office of the secretary of state, Phil McGrane

**CERTIFICATE OF ORGANIZATION LIMITED  
LIABILITY COMPANY**

Idaho Secretary of State

PO Box 83720

Boise, ID 83720-0080

(208) 334-2301

Filing Fee: \$100.00

For Office Use Only

**-FILED-**

File #: 0005064068

Date Filed: 1/21/2023 10:30:47 PM

| Certificate of Organization Limited Liability Company                                                                                                                           |                                                                                                                                                                        |      |         |                |                                         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|---------|----------------|-----------------------------------------|
| Select one: Standard, Expedited or Same Day Service (see descriptions below)      Standard (filing fee \$100)                                                                   |                                                                                                                                                                        |      |         |                |                                         |
| 1. Limited Liability Company Name                                                                                                                                               |                                                                                                                                                                        |      |         |                |                                         |
| Type of Limited Liability Company                                                                                                                                               | Limited Liability Company                                                                                                                                              |      |         |                |                                         |
| Entity name                                                                                                                                                                     | Thermal Protect LLC                                                                                                                                                    |      |         |                |                                         |
| 2. The complete street address of the principal office is:                                                                                                                      |                                                                                                                                                                        |      |         |                |                                         |
| Principal Office Address                                                                                                                                                        | 588 MONTE VISTA DR.<br>EMMETT, ID 83617                                                                                                                                |      |         |                |                                         |
| 3. The mailing address of the principal office is:                                                                                                                              |                                                                                                                                                                        |      |         |                |                                         |
| Mailing Address                                                                                                                                                                 | 588 MONTE VISTA DR<br>EMMETT, ID 83617-3716                                                                                                                            |      |         |                |                                         |
| 4. Registered Agent Name and Address                                                                                                                                            |                                                                                                                                                                        |      |         |                |                                         |
| Registered Agent                                                                                                                                                                | Registered Agent<br>Heidi Tanner<br>Physical Address:<br>3936 DUNDEE DRIVE<br>NEW PLYMOUTH, ID 83655<br>Mailing Address:<br>3936 DUNDEE<br>NEW PLYMOUTH, ID 83655-5068 |      |         |                |                                         |
| <input checked="" type="checkbox"/> I affirm that the registered agent appointed has consented to serve as registered agent for this entity.                                    |                                                                                                                                                                        |      |         |                |                                         |
| 5. Governors                                                                                                                                                                    |                                                                                                                                                                        |      |         |                |                                         |
| <table border="1"><thead><tr><th>Name</th><th>Address</th></tr></thead><tbody><tr><td>Taylor R Rohan</td><td>588 MONTE VISTA DR.<br/>EMMETT, ID 83617</td></tr></tbody></table> |                                                                                                                                                                        | Name | Address | Taylor R Rohan | 588 MONTE VISTA DR.<br>EMMETT, ID 83617 |
| Name                                                                                                                                                                            | Address                                                                                                                                                                |      |         |                |                                         |
| Taylor R Rohan                                                                                                                                                                  | 588 MONTE VISTA DR.<br>EMMETT, ID 83617                                                                                                                                |      |         |                |                                         |
| Signature of Organizer:                                                                                                                                                         |                                                                                                                                                                        |      |         |                |                                         |
| <u>Heidi Tanner</u>                                                                                                                                                             | <u>01/21/2023</u>                                                                                                                                                      |      |         |                |                                         |
| Sign Here                                                                                                                                                                       | Date                                                                                                                                                                   |      |         |                |                                         |

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