



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

2014 APR 18 PM 3:09

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

TVP I, LLC

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

17389 N. Chouteau Ave, Nampa, ID 83687

(Street Address)

PO Box 190958, Boise ID 83719

(Mailing Address, if different than street address)

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

Dan Walters

(Name)

17389 N. Chouteau Ave, Nampa, ID 83687

(Street Address)

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

Name

Address

Dan Walters

PO Box 190958 Boise, ID 83719

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

PO Box 190958, Boise, ID 83719

6. Future effective date of filing (optional): _____

Signature of a manager, member or authorized person.

Signature

Typed Name:

DAN WALTERS

Signature

Typed Name:

Secretary of State use only

IDAHO SECRETARY OF STATE

04/18/2014 05:00

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