

## CERTIFICATE OF ORGANIZATION

2014 JAN -9 AM & LL

LIMITE!	D <i>Liability</i> comi		***
(Instr	uctions on back of application	n)	SECILE
1. The name of the lin	nited liability company is:		STATEOFIL
Troy Properties, LLC			
2. The complete street 2794 Highway 95 (Street Address) Genesee ID 83832	and mailing addresses of the	e initial designated office	<b>e</b> :
(Mailing Address, if different	than street address)	<del></del> -	
3. The name and comp	plete street address of the req	gistered agent:	
David S. Troy	2794 Highwa	y 95, Genesee ID 83832	
(Name)	(Street Address	)	
4. The name and address company:	ess of at least one member o	r manager of the limited	l liability
<u>Nam</u> David S. Troy		Address 2794 Highway 95, Genesee ID 83832	
5. <b>M</b> ailing address for f 2794 Highway 95, Ger	uture correspondence (annua	al report notices):	
6. Future effective date	of filing (ontional):		
	or many (optional).		
Signature of a manage erson.	er, member or authorized		
Signature	,	Secretary of State	use only
yped Name: David 9. To	oy	シバ	3300)
Signature			
yped Name:		TDAHO	SECRETARY OF ST
)		<b>91/9</b> 3	9/2014 05

CX: 3467 CT: 1116 BH: 1485158 1 8 109.00 = 109.00 ORGAN LLC # 2