



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE
2014 MAY -5 AM 9: 25

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Triple SZ Enterprises LLC

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

80 Trails End Challis ID 83226

(Street Address)

P.O. Box 1293 Challis Idaho 83226

(Mailing Address, if different than street address)

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

Robert Dee Benson

(Name)

80 Trails End Challis Idaho 83226

(Street Address)

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

Name

Address

Alicia Marie "Lisa" Benson

80 Trails End Challis Idaho 83226

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

P.O. Box 1293 Challis Idaho 83226

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

Signature of a manager, member or authorized person.

Signature Robert D Benson

Typed Name: Robert D Benson

Signature Lisa Benson

Typed Name: Lisa Benson

Secretary of State use only

IDAHO SECRETARY OF STATE

05/05/2014 05:00

CK:8275 CT:296487 BH:1423362

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