

## CERTIFICATE OF ORGANIZATION FILED SESSOTIVE ERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY CHARGE STATE CHARGE STATE

Teton Trampoline & Tumbling, LLC	
The complete street and mailin	ng addresses of the initial designated/principal office:
(Street Address)	
(Mailing Address, if different than street add	iress)
The name and complete street	address of the registered agent:
Kathleen A.B. Haar	6987 W 4000 N, Tetonia, ID 83452
(Name)	(Street Address)
The name and address of at le company:	east one member or manager of the limited liability
<u>Name</u>	Address
Kathleen A.B. Haar	6987 W 4000 N, Tetonia, ID 83452
<u> </u>	
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Mailing address for future corre	espondence (annual report notices):
Mailing address for future corre	
6987 W 4000 N, Tetonia, ID 83452	2
<del>-</del>	2
6987 W 4000 N, Tetonia, ID 83452	2
6987 W 4000 N, Tetonia, ID 83452 Future effective date of filing (or gnature of a manager, members)	optional):
6987 W 4000 N, Tetonia, ID 83452 Future effective date of filing (d	optional):
Future effective date of filing (consture of a manager, memberson.	optional):er or authorized
Future effective date of filing (consture of a manager, memberson.	er or authorized  Secretary of State use only  IDAHO SECRETARY OF STATE
Future effective date of filing (consture of a manager, memberson.	poptional):  er or authorized  Secretary of State use only  IDAHO SECRETARY OF STATE  11/88/2018 85:26  CK: 2893 C1: 28585 BH: 12418
Future effective date of filing (consture of a manager, memberson.	Secretary of State use only  IDAHO SECRETARY OF STATE  11/68/2016 65:26  CK: 2293 C1: 252585 BH: 124618

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