



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

10 APR -9 PM 1:12

(Instructions on back of application)

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Klines T.M. LLC

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

6132 Thompson Rd Marsing Idaho 83639

(Street Address)

(Mailing Address, if different than street address)

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

Toby C. Meade

(Name)

6132 Thompson Rd Marsing Idaho 83639

(Street Address)

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

Name**Address**

Toby C. Meade

6132 Thompson Rd Marsing Idaho 83639

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

6132 Thompson Rd Marsing Idaho 83639

6. Future effective date of filing (optional):

Signature of organizer(s). (An organizer is a member, or is acting in behalf of a member or members).

Signature

Typed Name:

Toby C. Meade

Signature

Typed Name:

Secretary of State use only

 IDAHO SECRETARY OF STATE
 04/09/2010 05:00
 CK: 2025 CT: 246904 DH: 1216999
 1 @ 100.00 = 100.00 ORGAN LLC # 2

 IDAHO SECRETARY OF STATE
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 Revised 07/2008

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