

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

09 AUG 10 AM 8: 27

STATE OF IDAHO

The name of the limited liability company is:		STATE C	STATE OF IDAHO	
	Double T Services LLC			
2. The complete street and mailing a	addresses of the initia 300 E., Saint Anthony, ID		cipal office:	
(Street Address)			·	
(Mailing Address, If different than street address)	<b>)</b>	<del></del>		
3. The name and complete street ad	Idress of the register	ed agent:	*	
Marian R Tario		248 N 1600 E 5	f =1	
(Name)	(Street Address)	240 N 1000 E	t Anthony 1d	
	•		03110	
<ol> <li>The name and address of at least company:</li> </ol>	t one member or mar	nager of the limite	d liability	
Name		Address	And the second	
Marian R Tario		248 N 1600 E		
			<i>j</i> .	
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	andones (ornus) son	vart national:		
<ol><li>Mailing address for future corresp</li></ol>	248 N 1600 E	on nouces).		
6. Future effective date of filing (opti	ional):			
Signature of organizer(s). (An organizer i	is a member, or is		•	
ecting in behalf of a member or members).		Secretary of Sta	te use only	
Signature	) g	,		
Typed Name: Marian R Tario				
yped Haine.	B St.	IDAHO AAZIA	SECRETARY OF STATE	
Signature	Corpléomet LC formétoer org. Ec.PMD Favised 07/2008	CK: 1226 C 1 @ 100.00	T: 239529 BH: 1182229	
Typed Name:	ormet	a a louide		
JPV4 (4d)IN.	Par			

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