



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

2012 JUN 11 AM 9:23

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

Trail Blazer I Q LLC ~~TrailBlazer LLC~~

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

10 N Bridge Street, St. Anthony, ID 83445

(Street Address)

PO Box 167, St. Anthony, ID 83445

(Mailing Address, if different than street address)

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

Heriberto Paredes

(Name)

10 N Bridge Street, St. Anthony, ID 83445

(Street Address)

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

NameAddress

Heriberto Paredes

10 N Bridge Street, St. Anthony, ID 83445

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

PO Box 167, St. Anthony, ID 83445

6. Future effective date of filing (optional): \_\_\_\_\_

Signature of a manager, member or authorized person.

Signature \_\_\_\_\_

Typed Name: Heriberto Paredes

Secretary of State use only

Signature \_\_\_\_\_

Typed Name: \_\_\_\_\_

IDAHO SECRETARY OF STATE  
06/11/2012 05:00  
CK: NO CHECK # CT: 271315 RH: 1327767  
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