



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

10 AUG -6 PM 12: 50

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Tip Top Management, LLC

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

10007 West Lancelot Avenue

(Street Address)
Boise, ID 83704

(Mailing Address, if different than street address)

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

Karen F Fitch

(Name)

10007 West Lancelot Avenue, Boise, ID 83704

(Street Address)

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

Name

Address

Karen F Fitch

10007 West Lancelot Avenue, Boise, ID 83704

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

10007 W. Lancelot Ave, Boise, ID 83704

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature Karen F Fitch

Typed Name: Karen F Fitch

Signature _____

Typed Name: _____

Secretary of State use only

W95-430

IDAHO SECRETARY OF STATE
08/06/2010 05:00
CK: 5458 CT: 250242 BH: 1233009
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