



CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

(Instructions on back of application)

2015 MAY -4 AM 9:42

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Trev Mans LLC

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

4284 N 5000 W Rexburg ID 83440
(Street Address)

(Mailing Address, if different than street address)

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

Trevor Smuin
(Name)

4284 N 5000 W Rexburg ID 83440
(Street Address)

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

Name	Address
<u>Trevor Smuin</u>	<u>4284 N 5000 W Rexburg ID 83440</u>

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

4284 N 5000 W Rexburg ID 83440

6. Future effective date of filing (optional): _____

Signature of a manager, member or authorized person.

Signature Trevor Smuin

Typed Name: Trevor Smuin

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

05/04/2015 05:00

CK:1019 CT:309805 BH:1473922

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