



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2013 MAR 28 AM 9:00

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

T.L.C. Field Services LLC

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

511 Maple St. Nampa, Id 83686  
(Street Address)

(Mailing Address, if different than street address)

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

Christina Marie Bowne  
(Name)

511 Maple St. Nampa, Id 83686  
(Street Address)

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

~~Christina Bowne~~ Christina Bowne

511 Maple St Nampa Id 83686

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

511 Maple St - Nampa, Id 83686

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature Christina Bowne

Typed Name: Christina Bowne

Signature \_\_\_\_\_

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

Secretary of State use only

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03/28/2013 05:00  
CK: 204699925716 CT: 201232 BH: 1366031  
1 @ 100.00 = 100.00 ORGAN LLC # 2

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