



CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

2013 JUL 30 PM 3:55

(Instructions on back of application)

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

trions rides llc

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

1500 brooklawn boise id 83709

(Street Address)

(Mailing Address, if different than street address)

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

trion rollins

(Name)

1500 brooklawn boise id 83709

(Street Address)

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

NameAddress

trion rollins

1500 brooklawn boise id 83709

lenda odoumsack

9298 ottawa dr boise id 83709

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

9298 ottawa dr boise id 83709

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

Signature of a manager, member or authorized person.

Signature Typed Name: trion d rollins

Signature _____

Typed Name: _____

Secretary of State use only

IDaho SECRETARY OF STATE
07/31/2013 05:00
CK: CASH CT: 205868 BH: 1384146
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