



# 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:

**Name****Address**

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: 205060 DN: 1304146  
 1 @ 100.00 = 100.00 ORGAN LLC # 2

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