CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

(Instructions on back of application)

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The complete street and mailing addresses of the initial designated/principal office: C/O TOD LIMITED, LLC, 5116 W EMERALD ST., SUITE A, BOISE, IDAHO 83706 (Street Address, if different than street address) The name and complete street address of the registered agent: TCD LIMITED, LLC (Street Address) TCD LIMITED, LLC (Street Address) The name and address of at least one member or manager of the limited liability company: Name TCD LIMITED, LLC 5116 W EMERALD ST., SUITE A, BOISE, ID 83706 5116 W EMERALD ST., SUITE A, BOISE, ID 83706 6. Mailing address for future correspondence (annual report notices): 5116 W. Emerald St., Suite A, Boise, TD 83706 6. Future effective date of filing (optional): ignature of organizer(s). (An organizer is a member, or is citing in behalf of amember by members). Secretary of State use only and secretary of State use only signature of organizer is a member, or is citing in behalf of amember by members).	The name of the limited liability	company is: SECRETARY OF S
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