

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY PROPRIED EFFECTIVE 2013 OCT 31 AM 9: 0

2013 OCT 31 AM 9: 06

ALTON	(Instructions on ba	ck of application)		
1. The name of the limited liability con		ompany is:	SECAL HAN UP STAT STATE OF IDAHO	
TD Manage	TD Management, LLC		91VIE OL IDAUO	
2. The compl	ete street and mailing a	iddresses of the initia	I designated office:	
(Street Addres				
Viola ID 83				
_	ss, if different than street address and complete street ad		ed agent:	
Tony R. Jo	hnson	1146 Four Mile Road, Viola ID 83872		
(Name)	(Name)		(Street Address)	
			d, Viola ID 83872 d, Viola ID 83872	
Debi L. Joh	nson	1146 Four Mile Road	l, Viola ID 83872	
_	dress for future correspondie Road, Viola ID 83872	ondence (annual repo	ort notices):	
6. Future effe	ctive date of filing (option	onal):		
	n manager, member o	or authorized		
person.	- 2011		Secretary of State use only	
Signature / /	my Mycon			
Typed Name:	Tony /R. JOHN	SON		
Signature			IDAHO SECRETARY OF STATE	
Typed Name:			10/31/2013 05:06 CK: 3584 CT: 256982 BH: 139613 1 P 189.88 = 198.88 (RESANTIC )	

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