## **CERTIFICATE OF ORGANIZATION** LIMITED LIABILITY COMPANY

## FILED EFFECTIVE

11 NOV -2 AM 10: 20

(Instructions on back of application)

	•	-LUTELARY OF STATE	
1.	The name of the limited liability com	npany is: STATE OF IDAHO	
	TMTHO L.L.	C.	
2.	. The complete street and mailing addresses of the initial designated/principal offic		
	1414 N, 8th Street Boise, ID 83702		
	(Street Address)		
	(Mailing Address, if different than street address)		
3.	The name and complete street address	e name and complete street address of the registered agent:	
	Tyler L Williams	1414 N. 8th Street Boise, ID 83702	
	(Name)	(Street Address)	
The name and address of at least one member or manager of the lit company:		ne member or manager of the limited liability	
	<u>Name</u>	<u>Address</u>	
	Mollie A Williams	1414 N. 8th Street Boise, ID 83702	
	Tyler L williams	cr ef	
	7,4100		
5.	Mailing address for future correspondence (annual report notices):		
1414 N. 8th Street Boise, ID 83702		, ,	
6.	Future effective date of filing (option	nal):	
_	nature of a manager, member or	authorized	
per	son.	Secretary of State use only	
Sig	nature The College		
Тур	ped Name: Wer L Williams		
	Ma a Fi		
Sig	nature Watture	IDAHO SECRETARY OF STATE 11/02/2011 05:00	
Тур	ped Name: Mollie A Williams	CK: 2243 CT: 263823 BH: 1296569 1 0 100.00 = 100.00 ORGAN LLC # 2	

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