

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

## FILED EFFECTIVE

(Instructions on back of application)

2015 MAY 18 PM 3: 27

1. The name of the limited liability company is:		SECRETARY OF STATE STATE OF IDAHO
Table Rock Nat	torals, LC	
2. The complete street and mailing a	,	
(Street Address)  (Mailing Address, if different than street address)	n Street	
(Mailing Address, if different than street address	)	
3. The name and complete street ad	ldress of the registered agent:	
(Name) J. Collins	(Street Address)	
The name and address of at least company:	t one member or manager of t	he limited liability
<u>Name</u>	Addre	
Amy Collins		
5. Mailing address for future correspondence as above?		1
6. Future effective date of filing (option	onai):	
Signature of a manager, member of person.		
0. X fa-	Sec	retary of State use only
Signature Charles Collins  Signature	10 100.0	AHO SECRETARY OF STATE 5/18/2015 05:00 888 CT:172099 BH:147591 90 = 100:00 ORGAN LLC #
Signature Typed Name:		
Typod Hallio.		151834

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