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-FILED-

File #: 0006027273

12/16/2024

Date

Date Filed: 12/16/2024 10:42:04 AM

Certificate of Organization Limited Liability Company Select one: Standard, Expedited or Same Day descriptions below)	y Service (see Expedited (+\$40; filling fee \$140)
Limited Liability Company Name	
Type of Limited Liability Company	Limited Liability Company
Entity name	TVCPILLC
2. The complete street address of the principal office is:	
Principal Office Address	736 CHUKAR LANE DRIGGS, ID 83422
3. The mailing address of the principal office is:	
Mailing Address	PEDERSEN PARALEGAL 161 N CLARK ST STE 2700 CHICAGO, IL 60601-3241
Registered Agent Name and Address	
Registered Agent	HERBERT HEIMERL Registered Agent
	Physical Address
	20 CEDRON RD STE 201 VICTOR, ID 83455
	Mailing Address
	PO BOX 499 HERBERT HEIMERL VICTOR, ID 83455
☑ I affirm that the registered agent appointed	d has consented to serve as registered agent for this entity.
5. Governors	
Name	Address
	36 CHUKAR LANE DRIGGS, ID 83422

Signature of Organizer:

John Gavin

Sign Here