



CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

2014 JUN 18 PM 1:04

(Instructions on back of application)

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

T-M-T LLC.

2. The complete street and mailing addresses of the initial designated office:

4205 W EMERALD BOISE ID 83706

(Street Address)

(Mailing Address, if different than street address)

3. The name and complete street address of the registered agent:

MIKE FLOWERS

(Name)

4205 W EMERALD BOISE ID 83706

(Street Address)

4. The name and address of at least one member or manager of the limited liability company:

Name

Address

MIKE FLOWERS

4205 W EMERALD BOISE ID 83706

TRAVIS KRAWL

4205 W EMERALD BOISE ID 83706

5. Mailing address for future correspondence (annual report notices):

4205 W EMERALD BOISE ID 83706

6. Future effective date of filing (optional): _____

Signature of a manager, member or authorized person.

Signature

Typed Name: MIKE FLOWERS

Signature

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

06/18/2014 05:00

CK:1985250 CT:172099 BH:1429695

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