

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANYO JUN =4 AM 10: 33

		-	/4 #40#1	0- 00
£ 201	(Instructions on back of	application)	SECRETARY OF	OTATE
1. The n	ame of the limited liability compa	any is:	STATE OF IDA	oiai e HO
	NHANCED MILLWORKS			
	omplete street and mailing addre		tial designated/prin	cipal office:
8	7 SLEEPY HOUDW			
	LDTOWN ID. 8382	2		
,	g Address, if different than street address)			- · ·
3. The n	ame and complete street address	s of the registe	ered agent:	
	ev E WATER	A7 SiceD.	House Din	TOWN 10
(Name	X C. SINIES (Street Address)	y Hourn, OLD	03077
The n	ame and address of at least one any:	member or m	anager of the limite	d liability
	only. Name	^	Address	
K	EX E. UATES	87 Sice	Py HOLLOW D	LOTOWN 10.
$\overline{\mathcal{I}}$	NOA K VEIT	R7 5156	Py House O	LOTOWN 10.
~	TO TO THE PARTY OF	<u> </u>	J IVEN V	
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				:
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. Mailir	g address for future corresponde	nce (annual re	eport notices):	
1	SLEEPY HOLLOW, OLD			
		· · · · · · · · · · · · · · · · · · ·		
. Futur	e effective date of filing (optional)	·		
				e George
•	of organizer(s). (An organizer is a me	ember, or is		
ting in be	half of a member or members).	<u> </u>	Secretary of St	ate use only
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yped Na	me: (Rex E. MATE	<u> </u>	•	
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