

251

**FILED EFFECTIVE**



**CERTIFICATE OF ORGANIZATION  
LIMITED LIABILITY COMPANY**

(Instructions on back of application)

MAY -6 PM 2:19  
SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

JH Lawn Care LLC

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

4653 E Iona Rd, Idaho Falls, ID 83401

(Street Address)

(Mailing Address, if different than street address)

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

Tawni Howell

(Name)

4653 E Iona Rd, Idaho Falls, ID 83401

(Street Address)

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

**Name**

**Address**

Tawni Howell

4653 E Iona Rd, Idaho Falls, ID 83401

Jaden Howell

4653 E Iona Rd, Idaho Falls, ID 83401

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

4653 E Iona Rd, Idaho Falls, ID 83401

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature

*Tawni Howell*

Typed Name: Tawni Howell

Signature

Typed Name:

Secretary of State use only

IDAHO SECRETARY OF STATE

05/06/2014 05:00

CK:1870226 CT:172099 BH:1423532  
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