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# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

2013 APR -1 AM 9:16

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

Novolawn Solutions LLC

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

1463 Benton St. #11 Idaho Falls ID - 83401

(Street Address)

(Mailing Address, if different than street address)

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

Joseph Baxter

(Name)

1463 Benton St. #11 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

Joseph Baxter

1463 Benton St. #11 Idaho Falls Id 83401

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

1463 Benton St. #11 Idaho Falls, Id 83401

6. Future effective date of filing (optional): \_\_\_\_\_

Signature of a manager, member or authorized person.

Secretary of State use only

Signature Joseph Baxter

Typed Name: Joseph Baxter

Signature \_\_\_\_\_

Typed Name: \_\_\_\_\_

IDAHO SECRETARY OF STATE  
04/01/2013 05:00  
CK: 522 CT: 281355 BH: 1367385  
1 @ 100.00 = 100.00 ORGAN LLC # 2

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