

CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

2014 MAR 17 AM 9: 44

(Instructions on back of application)

TE H	(Instructions on bac	ck of application)	SECRETARY OF STATE
1.	The name of the limited liability co	ompany is:	STATE OF IDAHO
	STUDS 'R' US FRAMING LLC		VIII to U. I.
2.	The complete street and mailing a		I designated office:
	(Street Address)		
	(Mailing Address, if different than street address)		
3.	The name and complete street address of the registered agent:		
	DAVID SHAPLAND	8482 N BROOKSIDI	E DR, HAYDEN, ID 83835
	(Name)	(Street Address)	
4.	The name and address of at least one member or manager of the limited liability company:		
	<u>Name</u>	Address	
	DAVID SHAPLAND	8482 N BROOKSIDE DR, HAYDEN, ID 83835	
			:
_	Adaille and distance for fitting		
Э.	Mailing address for future correspondence (annual report notices): 8482 N BROOKSIDE DR, HAYDEN, ID 83835		
			
6.	Future effective date of filing (optional):		
	nature of a manager, member o	or authorized	
pers	1011		Secretary of State use only
	nature An Shafful		
Тур	ed Name: DAVID SHAPLAND		
Siar	nature		IDAHO SECRETARY OF STATE
	ed Name:		03/17/2014 05:00 CK: 2969 CT: 294491 BH: 1415577
71-			1 2 100.00 = 100.00 ORGAN LLC # 2

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