

CERTIFICATE OF ORGANIZATIONFILED EFFECTIVE LIMITED LIABILITY COMPANY

7114 JUL 15 AM 8: 1U

(Instructions on back of application)

SECRETARY OF STATE STATE OF IDAHO

1. The name of the limited liabil Aaron's Customized Painting LL	• • •		
2. The complete street and mail	ing addresses of the	e initial designated office:	
(Street Address)			
(Mailing Address, if different than street ac	idress)		
3. The name and complete stree	et address of the reg	pistered agent:	
Aaron Greenwood	1471 E. 3800	1471 E. 3800 N., Buhl, Id. 83316	
(Name)	(Street Address)	(Street Address)	
company:	east one member o	r manager of the limited liability	
<u>Name</u> Aaron Greenwood	1471 = 2000	<u>Address</u> 1471 E. 3800 N., Buhl, ID. 83316	
5. Mailing address for future cor 325 Clear Lake Rd., Buhl, ID 833	-	al report notices):	
6. Future effective date of filing	(optional):		
Signature of a manager, memboerson.	per or authorized	•	
1 1		Secretary of State use only	
Signature		IDAHO SECRETARY OF STATE	
Typed Name: Aaron Greenwood		07/15/2014 05:00 CK:2057786 CT:172099 BH:143: 16 100.00 = 100.00 ORGAN LL(
Signature		16 20.00 = 20.00 EXPEDITE C	

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Typed Name: _____