



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

2014 JUL 25 PM 2: 32

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Lu's Siding LLC

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

1213 S Juniper st Nampa, ID 83686

(Street Address)

(Mailing Address, if different than street address)

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

Luciano Leal

(Name)

1213 S Juniper st nampa, ID 83686

(Street Address)

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

Name	Address
Luciano Leal	1213 S Juniper st Nampa, ID 83686

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

1213 s juniper st nampa, ID 83686

6. Future effective date of filing (optional): _____

Signature of a manager, member or authorized person.

Signature

Typed Name: Luciano Leal

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
07/25/2014 05:00

CK: CASH CT: 299395 BH: 1434805
1@ 100.00 = 100.00 ORGAN LLC #2

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