

ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

LIMITED LIABILITY COMPANY OF STATE (Instructions on back of application)

| | SECRETARY OF STATE y is: STATE OF IDAHO |
|-------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. The name of the limited liability company | y is: STATE OF TORMS |
| A-1 Tree Care L.L.C. | |
| 2. The street address of the initial registere | d office is: |
| 247 North 6th East St Anthony, Idaho | 83445 |
| and the name of the initial registered age Danny Fronce | ent at the above address is: |
| 3. The mailing address for future correspondance 247 North 6th East St Anthony, Idaho | |
| 4. The limited liability company will be: | |
| Manager-managed ✓ or Member-ma | naged (please check the appropriate box) |
| If manager-managed, list the name(s) are If member-managed, list the name(s) and Name | nd address(es) of at least one initial manager. d address(es) of at least one initial member. Address |
| Danny Fronce 24 | 7 North 6th East St Anthony, Idaho 83445 |
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| 6. Signature of at least one person respons | sible for forming the limited liability company: |
| Signature: | E Secretary of State use only |
| Typed Name: Danny Fronce | |
| Capacity: | |
| | |
| Signature Typed Name: | IDAHO SECRETARY OF STATE |
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| Capacity: | ### ################################## |

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