

FILED EFFECTIVE



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2015 MAR 12 AM 8:48

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

Tim Kastning, Consulting Arborist, LLC

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

10035 N. Happy Trail

(Street Address)

Rathdrum, ID 83858

(Mailing Address, if different than street address)

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

Timothy Kastning

(Name)

10035 N. Happy Trail, Rathdrum,

(Street Address)

ID 83858

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

Name

Address

Tim Kastning10035 N. Happy Trail, Rathdrum, ID 83858

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

Same

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

Signature of a manager, member or authorized person.

Signature

Typed Name: Tim Kastning

Signature

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

Secretary of State use only

IDAHO SECRETARY OF STATE

03/12/2015 05:00

CK:2555 CT:307550 BH:1465786

1@ 100.00 = 100.00 ORGAN LLC #2

W 149057