



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

**FILED EFFECTIVE**

(Instructions on back of application)

09 DEC -7 PM 12: 54

1. The name of the limited liability company is:

Bates Restoration, LLC

 SECRETARY OF STATE  
STATE OF IDAHO

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

354 North 2200 East, St. Anthony, Idaho 83445

(Street Address)

(Mailing Address, if different than street address)

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

Tangy Bates

(Name)

354 North 2200 East, St. Anthony, ID 83445

(Street Address)

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

**Name**
**Address**

Matthew R. Bates

354 North 2200 East, St. Anthony, ID 83445

Tangy Bates

354 North 2200 East, St. Anthony, ID 83445

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

354 North 2200 East, St. Anthony, ID 83445

6. Future effective date of filing (optional):

Signature of organizer(s). (An organizer is a member, or is acting in behalf of a member or members).

Signature

Typed Name:

Matthew R. Bates

Signature

Typed Name:

Tangy Bates

Secretary of State use only

 IDAHO SECRETARY OF STATE  
12/07/2009 05:00  
CK: 167 CT: 224163 BH: 1198173  
1 @ 100.00 = 100.00 ORGAN LLC # 2  
Revised 07/2008

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