

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY 09 APR -3 AM 8: 38

	(Instructions on ba	SECRETARY OF STATE
. The nam	e of the limited liability c	company is: STATE OF IDAHO
	Lai	andscaping Your Way, LLC
The com	plete street and mailing a	addresses of the initial designated/principal office:
	168 O	Orchard Twin Falls, ID 83301
(Street Add	ress)	
(Mailing Ad	dress, if different than street address	3)
The nam	e and complete street ad	ddress of the registered agent:
	John C Hollon	168 Orchard Twin Falls, ID 83301
(Name)		(Street Address)
. The nam	a and address of at least	t and member or manager of the limited lightlity
ompany		t one member or manager of the limited liability
	Name	Address
· <u>· · · · · · · · · · · · · · · · · · </u>	John C Hollon	168 Orchard Twin Falls, ID 83301
		N. C.
	grang skam	
Mailing a	ddiess for future corresp	ondence (annual report notices):
Mailing a	•	pondence (annual report notices): Orchard Twin Falls, ID 83301
Mailing a	•	·
***	•	Orchard Twin Falls, ID 83301
***	168 O	Orchard Twin Falls, ID 83301
Future ef	fective date of filing (option) organizer(s). (An organizer is	orchard Twin Falls, ID 83301
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Future ef	fective date of filing (option) organizer(s). (An organizer is	ional): is a member, or is Secretary of State use only
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