

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

09 DEC -9 AM 8: 45

(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		SECRETARY OF STATE
1. The name of the limited liability con	npany is:	STATE OF IDAHO
5B	Home Service, LLC	
2. The complete street and mailing add	dresses of the initial de	signated/principal office:
•	rd St., Bellevue, ID 83313	
(Street Address)	412, Bellevue, ID 83313	
(Mailing Address, if different than street address)		
3. The name and complete street addr	ess of the registered a	gent:
Levi Sali	513 N 3rd St., Bellevue, ID 83313	
(Name)	(Street Address)	
 The name and address of at least of company: Name	•	•
Levi Sali	Address PO Box 412, Bellevue, ID 83313	

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5. Mailing address for future correspon		notices):
PO Box	412, Bellevue, ID 83313	
6. Future effective date of filing (option	al)·	
c. I aldie encolité date of ming (option	ony.	
Signature of organizer(s). (An organizer is a acting in behalf of a member or members).	member, or is	
1	ę	Secretary of State use only
Signature Leu So		
Typed Name: Sali		
	matic formaticert_org_its.PME	IDANO SECRETARY OF STATE
Signature	Deed 07/1	12/09/2009 05:02 CK: 3684581488 CT: 242848 BH: 119
Typed Name:	€₹	1 0 199 00 = 100 00 00001 110