

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY 09 FEB 23 PM 12: 44

(Instructions on back of application)

SECRETARY OF STATE STATE OF IDAHO

1. The name of the limited liability co	ompany is:	STATE O	FIDA HO
Alterna	ative Building Solutions	s, LLC	<u> </u>
2. The complete street and mailing a	ddresses of the ini	tial designated/p	rincipal office:
118 Lod	gepole Dr. Victor, ID	83455	·
(Street Address)	Sox 1125 Victor, ID 8	3455	•
(Mailing Address, if different than street address)			
3. The name and complete street add	dress of the registe	ered agent:	
Michael Hudacsko	1170 Lodge Pole Dr Victor ID 83455		
(Name)	(Street Address)		
The name and address of at least company:	one member or m	anager of the lim	ited liability
<u>Name</u>		Address	
Michael Hudacsko	P.O. Box 1125 Victor, ID 83455		
Brian Maddock	P.O. B	ox 1125 Victor, ID	83455
			$f \in \mathcal{F}_{p,p}$
5. Mailing address for future correspo	ondence (annual re	eport notices):	
	lox 1125 Victor, ID 8		
6. Future effective date of filing (option	onal):		
Signature of organizer(s). (An organizer is acting in behalf of a member or members).	a member, or is		
DAY A	9	Secretary of	State use only
Signature Prior Meddeck	an lol	IDAKO SE 102/23/	CRETARY OF STATE
Typed Name: Brian Maddock	O ploms\LC forms\cert_or_ilc.PMD	CK: 1070 CT: 1 8 100.00 = 1 0 20.00 =	234391 BH: 1158884 188.68 ORGAN LLC # 2 28.68 EXPEDITE C # 3
Signature / / //	NO POR	•	
Typed Name: Michael Hudacsk	O G		W81657