



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY **FILED EFFECTIVE**

Title 30, Chapters 21 and 25, Idaho Code

Filing fee: \$100 typed, \$120 not typed

Complete and submit the application in duplicate.

2017 SEP -7 AM 9:21

**SECRETARY OF STATE
STATE OF IDAHO**

1. The name of the limited liability company is:

Insecta Pest Management, LLC

(Remember to include the words "Limited Liability Company," "Limited Company," or the abbreviations L.L.C., LLC, or LC)

2. The complete street and mailing addresses of the principal office is:

3591 E 3rd Ave, Suite 110, Post Falls, ID 83854

(Street Address)

(Mailing Address, if different)

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

David Drake

3591 E 3rd Ave, Suite 110, Post Falls, ID 83854

(Name)

(Address cannot be a post office box or postal mail box)

4. The name and address of at least one governor of the limited liability company:

David Drake

3591 E 3rd Ave, Suite 110, Post Falls, ID 83854

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

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

3591 E 3rd Ave, Suite 110, Post Falls, ID 83854

(Address)

Signature of organizer(s).

Signature: 

Printed Name: **David Drake**

Signature: _____

Printed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

09/07/2017 05:00

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