

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

08 JUL 25 AM 8: 43
SECRETARY OF STATE
STATE OF 10 ASTATE

1. The name of the limited liability	STATE OF STATE
	- UAHN
	TH RIM REMODELERS, L.L.C.
	addresses of the initial designated/principal office:
(Street Address)	ROOT DRIVE, TWIN FALLS, ID 83301
(Mailing Address, if different than street addres	
3. The name and complete street a	duress of the registered agent:
TERRY SALISBURY	2020 BITTERROOT DRIVE, TWIN FALLS, ID 83301
(Name)	(Street Address)
4 The name and address of at land	
company:	st one member or manager of the limited liability
Name	<u>Address</u>
TERRY SALISBURY	2020 BITTERROOT DRIVE, TWIN FALLS, ID 83301
5. Mailing address for future corresp	pondence (annual report notices):
	ROOT DRIVE, TWIN FALLS, ID 83301
6. Future effective date of filing (opti	onal):
Signature of organizer(s). (An organizer in acting in behalf of a member or members).	is a member, or is
assuing in Bondin of a member of members).	Secretary of State use only
Signature July fulse	IRY B
Typed Name:TÉRRY SALISBU	IRY S
	IDAHO SECRETARY OF STATE  57/25/2008 05:00  CK: 1669 CT: 228205 BH: 1128713
Signature	그는 CX: 1869 CT: 228285 BH: 1128713 경험 1 8 186.88 = 186.88 ORGAN LLC # 2

Typed Name:

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