



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2012 JUL 18 AM 9:16

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Grass Ninjas Lawn Care LLC

2. The complete street and mailing addresses of the initial designated office:

615 Cromwell St. Caldwell, Id 83605
(Street Address)

(Mailing Address, if different than street address)

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

Bill Sink
(Name)

615 Cromwell St. Caldwell, Id 83605
(Street Address)

4. The name and address of at least one member or manager of the limited liability company:

Name	Address
<u>Bill Sink</u>	<u>615 Cromwell St. Caldwell, Id 83605</u>
<u>Thomas Pinto</u>	<u>11385 W. Zachary Ave. Nampa, Id 83651</u>
_____	_____
_____	_____
_____	_____

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

615 Cromwell St. Caldwell, Id 83605

6. Future effective date of filing (optional): _____

Signature of a manager, member or authorized person.

Signature [Signature]
Typed Name: Bill Sink

Signature [Signature]
Typed Name: Thomas Pinto

Secretary of State use only

IDAHO SECRETARY OF STATE
07/18/2012 05:00
CK: CASH CT: 272520 BH: 1332513
1 @ 100.00 = 100.00 ORGAN LLC # 2