

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

2015 MAR | | AM 10: 36

	he name of the limited liabilit	by company is: SECRETARY OF STATE STATE OF IDAHO
ئ	D Installations LLC	
	ne complete street and mailin 1605 W Post Street, Post Falls, ID	ng addresses of the initial designated office: 83854
(S	Sweet Address))
(b	Mailing Address, If different than street add	×866)
3. Th	The name and complete street address of the registered agent:	
1	lason LeRoy	1605 W Post Street, Post Falls, ID 83854
{ }	Name)	(Street Address)
CO	impany; Neme [ason LeRoy	Address 1605 N. Post Street, Post Falls, ID 83854
מ	Conaid Buss	2691 N Fox Court, Post Falls, ID 83854
	ilima malakanan Emili ikan	
	ailing address for future come 605 W Post Street, Post Falls, ID 8	espondence (annual report notices): 83854
16	605 W Post Street, Post Falls, ID 8	
6. Ful Signat	ture of a manager, membe	pptional):
6. Fut Signations	ture effective date of filing (o	pptional):
6. Ful Signati person	ture of a manager, members.	eptional):
6. Ful Signati Signatu	ture of a manager, members.	eptional):
6. Ful Signation of the signature of the	ture effective date of filing (or ture of a manager, members. Name: Jasen Lekoy	eptional):
6. Fur Signation of Signaturity Signaturit	ture effective date of filing (or ture of a manager, members. Name: Jasen Lekoy	eptional):

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