



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

11 APR 22 AM 8:55

(Instructions on back of application)

SECTATE OF STATE	=
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1. The name of the limited liabilit	y company is:	STATE OF IDAHO	
	T5 Lawn Care, LLC	" 10	
. The complete street and mailin	~	l designated/principal office:	
(Street Address)			
(Mailing Address, if different than street add	iress)		
The name and complete street	address of the registere	ed agent:	
Tristan K. Drollinger	138 East Crowley St	138 East Crowley Street Idaho Falls, ID 83402	
(Name)	(Street Address)		
. The name and address of at le company:	ast one member or man		
<u>Name</u> Tristan K. Drollinger	138 East Crowley Si	Address reet Idaho Falls, ID 83402	
matan N. Distinger	- 100 East Olowicy Of	illoct teatle 1 allo, 15 conce	
5. Mailing address for future corre	•	ort notices):	
6. Future effective date of filing (c	optional):		
signature of a menager, memberson.	er or authorized		
M //		Secretary of State use only	
Signature Signature			
yped Name: Vristan K. Drollinger			
Signature		IDAHO SECRETARY OF STATE	

Typed Name: _____

IDAHO SECRETARY OF STATE

04/22/2011 05:00

CK: 751 CT: 258023 BH: 1270349
1 0 100.08 = 100.00 ORGAN LLC # 2
1 0 20.08 = 20.00 EXPEDITE C # 3