

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2012 NOV 13 AM 10: 04

SECRETARY OF STATE

	•	1 1		STATE OF IDAHO
1. The na	me of the limited liability con	mpany is:		AIVIE OF INAMO
_lev	el Un Renovations.	L.L.C.		
2. The co	The complete street and mailing addresses of the initial designated office:			
1049	8 Huzu 44		_	
(Street A	ddress) S210100			
(Mailing	Address, if different than street address)			
3. The na	The name and complete street address of the registered agent:			
(Name)	TA FOSHER (HHW TUY (Lawyer) me and address of at least o	Street Address)	M St. Ste TD 83702 manager of the limit	400 ted liability
compa			managor or are arm	tou nubinty
Relaci	Name Ca toster	6498 Hw	Address 144 Star 10	87009
		,	3.0	

				- 11- 11- 11- 11- 11- 11- 11- 11- 11- 1
4.4.4.		W		
			W	
5. Mailing	address for future correspon	ndence (annua	al report notices):	
<u> </u> ՆԳԳ	Hwy 44 Star, 12!	83669		
o = /				
b. Future	effective date of filing (option	nal):		
Signature person.	of a manager, member or	authorized		
,	ω .	7	Secretary of	State use only
Signature _				
Typed Nam	e: Keberra tostec			
Signature	Sale Burn		T 10. m.s.	
Signature_	e: CLAYTON BARRETT		44/1.	SECRETARY OF STATE
Typed Mail	C. CLATION DANCELL		1 6 100°00	CT: 172099 RH: 1347293 = 100.00 DRGAN LLC # 2

cert_org_lic Rev, 07/2010