

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY 2010 MAY 25 PM 12: 19

	(Instructions on back	of application)	SECRETARY OF STATE STATE OF IDAHO
1.	The name of the limited liability com	ipany is:	CONTRACTOR CONTRACTOR
	No	orwest Supply, LLC	
2.	The complete street and mailing add	fresses of the initial 215 West Rupert ID 833	
	(Street Address)		
	(Mailing Address, if different than street address)		
3.	The name and complete street address of the registered agent:		
	Phil Gilley	3224 Ove	rland Burley, ID 83318
	(Name)	(Street Address)	
4.	The name and address of at least or company:	ne member or mana	ger of the limited liability
	Name Chill Ollins	Address 3224 Overland Burley, ID 83318	
	Phil Gilley		
	Karen Gilley	3224 Overland Burley, ID 83318	
	•		
		<u> </u>	
5.	Mailing address for future correspond	dence (annual repo 215 West Rupert ID 833	
	/	210 West Rupert to 633	JOU
6.	Future effective date of filing (optional	al):	
_	nature of organizer(s). (An organizer is a night in behalf of a member or members).	member, or is	Secretary of State use only
Sim	nature Lacael Etc	Divide of	Coulding at diam and with
•	ed Name: Garald E. Price, C.P.A	Phomask LC formaken org R. P.MD Revised 07/2008	
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•	natureed Name:	Comstut.	IDAHO SECRETARY OF STATE
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