

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE
2015 MAR 16 AM ID: 1

(Instructions on back of application)

A Marie Mari	(maudenons e	ar back or application	
1. The na	me of the limited liab	ility company is:	SECRETARY OF S' STATE OF IDAH
	om Construction, LLC	.,	
	mplete street and mai ackson St., Bonners Ferry	•	initial designated office:
(Street A	uddress)		
(Mailing	Address, if different than street a	address)	
3. The na	me and complete stre	et address of the reg	istered agent:
Thoma	ıs A. Stahl	6491 Jackson	St., Bonners Ferry, Idaho 83805
(Name)		(Street Address)	
4. The na compa		least one member or	manager of the limited liability
-	Name	0.04.45.1	Address
Inoma	ns A. Stahl	6491 Jackson	St., Bonners Ferry, Idaho 83805
			
<u> </u>			
	address for future co ackson St., Bonners Ferry	· ·	al report notices):
6. Future	effective date of filing	(optional):	
Signature person.	of a manager, mem	ber or authorized	
Signature	Thomas A.	Stell	Secretary description of State 03/16/2015 05:00
_	ne: Thomas A. Stahl		CK:5544 CT:307681 BH:1466 10 100.00 = 100.00 ORGAN L
Signature_			
	ne:		W149173