

Typed Name:

## **CERTIFICATE OF ORGANIZATION** LIMITED LIABILITY COMPANY

(Instructions on back of application)

08 OCT 15	_
08 OCT 15 SECRETARY	AH, 8:, 14
SECRETARY STATE OF	OF STATE

The name of the limited liability co	•
	egant Renovations LLC
The complete street and mailing ac	ddresses of the initial designated/principal office:
	shington St., Weiser, ID 83672
(Street Address)	
(Mailing Address, If different than street address)	
The name and complete street add	dress of the registered agent:
Ken T. Perkins	903 E. Washington St., Weiser, ID 83672
(Name)	(Street Address)
company:  Name  Ken T. Perkins	one member or manager of the limited liability  Address  903 E. Washington St., Weiser, ID 83672
Lucinda D. McCavit	903 E. Washington St., Weiser, ID 83672
. Mailing address for future correspo	
903 E. W	ashington St., Weiser, ID 83672
6. Future effective date of filing (option	anal):
. Future effective date of filling (option	mai).
ignature of organizer(s). (An organizer is ting in behalf of a member or members).	s a member, or is
	Secretary of State use only ⊆
ignature kn ikku	IDAHO SECRETARY OF 10/15/2008
yped Name: Ken T. Perkins	
	900 900
signature XXX	IDAHO SECRETARY OF
vped Name: Lucinda D. McCa	VI 10/15/2008

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