



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

Title 30, Chapters 21 and 25, Idaho Code

Filing fee: \$100 typed, \$120 not typed

Complete and submit the application in duplicate.

FILED EFFECTIVE

2017 FEB -9 AM 9:03

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Complete Property Solutions LLC

(Remember to include the words "Limited Liability Company," "Limited Company," or the abbreviations L.L.C., LLC, or LC)

2. The complete street and mailing addresses of the principal office is:

605 E. 8th Ave. Suite C Post Falls, ID 83854

(Street Address)

PO Box 3450 Post Falls, ID 83877

(Mailing Address, if different)

3. The name of the registered agent and street address of the registered agent:

Joshua Givens

605 E. 8th Ave Suite C Post Falls, ID 84854

(Name)

(Address **cannot** be a post office box or postal mail box)

4. The name and address of at least one governor of the limited liability company:

Joshua Givens

1335 Mordyl Loop - Post Falls, ID 83854

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

5. Mailing address for future correspondence (annual report notices):

PO Box 2532 Post Falls, ID 83877

(Address)

Signature of organizer(s).

Signature:

Printed Name: Joshua Givens

Signature:

Printed Name: _____

Secretary of State use only

IDaho SECRETARY OF STATE

02/09/2017 05:00

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