



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2015 APR -3 AM 8:54

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

ALPH HOME PEST CONTROL SYSTEMS LLC

2. The complete street and mailing addresses of the initial designated office:

763 W AVALON STREET STE B, KUNA, ID 83634

(Street Address)

(Mailing Address, if different than street address)

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

MIKE HILL

(Name)

763 W AVALON STREET STE B, KUNA, ID 83634

(Street Address)

4. The name and address of at least one member or manager of the limited liability company:

Name

Address

MIKE HILL

320 S ASH AVE, KUNA ID 83634

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

763 W AVALON STREET STE B, KUNA, ID 83634

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature

Typed Name: MIKE HILL

Signature

Typed Name:

Secretary of State use only

WN 9956

IDAHO SECRETARY OF STATE

04/03/2015 05:00

CK:3181 CT:277851 BH:1469318

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