FILED EFFECTIVE



Signature:____

Rev. 11/2015

Printed Name: ---

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.

2017 FEB -3 AM 9: 27

The name of the limited	
Fleenor's Mobile Winte	erization Service LLC
(Remember to inclu	de the words "Limited Liability Company," "Limited Company," or the abbreviations L.L.C., LLC, or LC)
The complete street an	nd mailing addresses of the principal office is:
2754 S.Skyview Dr Na	
(Street Address)	
(Mailing Address, if different)	
The name of the regist	ered agent and the street address of the registered agent:
Louden Fleenor	2754 S.Skyview Dr Nampa, ID83686
(Name)	(Address cannot be a post office box or postal mail box.)
The name and address	s of at least one governor of the limited liability company:
Alissa Fleenor	2754 S. Skyview Dr
(Name)	(Address)
(Name)	(Address)
(Name)	(Address)
·	() (daroda)
(Name)	(Address)
Mailing address for futi	ure correspondence (annual report notices):
2754 S. Skyview Dr Na	ampa, ID 83686
(Address)	
gnature of organizer(s).	
	Secretary of State use only
gnature: Jacolon	IDAHO SECRETARY OF STATE
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