

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

|      | (Instructions on back   | 2013 MAR -8 AM 8: 59<br>ck of application)              |   |
|------|---|---|---|
| 1.   | The name of the limited liability con   | ompany is: SEOR: STATE STATE OF ICAHO                   |   |
|      | Priest Lake Lawn Care LLC   | STATE OF TURHO  |   |
| 2.   | The complete street and mailing add   | ddresses of the initial designated office:              |   |
|      | PO Box 231  |   |   |
|      | (Street Address) Coolin, ID 83821 (Mailing Address, if different than street address) |   |   |
| 3.   | The name and complete street addr   | dress of the registered agent:                          |   |
|      | Charles Wodelman  | PO Box 231, Coolin ID 83821                             |   |
|      | (Name)  | (Street Address)  |   |
| 4.   | The name and address of at least or company:  Name                                    | one member or manager of the limited liability  Address |   |
|      | Charles Wodelman  | PO Box 231, Coolin ID 83821                             |   |
|      |   |   |   |
| 5.   | Mailing address for future correspon<br>PO Box 231; Coolin, ID 83821                  | indence (annual report notices):                        |   |
| 6.   | Future effective date of filing (option   | nal);   |   |
| Sig: | nature of a manager, member or son.   | r authorized  |   |
|      |   | Secretary of State use only                             |   |
|      | nature Charles Wodelman   |   |   |
| тур  | ed Name: Charles Wodelman   | <u> </u>  |   |
| Sigr | nature  | IDAHO SECRETARY OF STATE 03/08/2013 05:99               |   |
|      | ed Name:  | 53/50/5012 02:00  | ) |

cert\_org\_flc Rev. 07/2010

9/21/2012