

## CERTIFICATE OF ORGANIZATION

	MITED LIABIL	ITY COMPANY	
	(Instructions on ba	ick of application)	TOP OF STATE
I. The name	of the limited liability o	company is:	ON STATE OF
	Mic	chael D. Bills Painting, LLC	
2. The comple	ete street and mailing	addresses of the initial design	
302 E. 43rd	Street, Boise, ID 83714		
	s) 557, Boise, ID 83711 ss, if different than street address		
_		" ddress of the registered agen	t:
Michael D.	Bills ,	1821 N 28th St., Boise, ID 83	3703
(Name)		(Street Address)	
. The name company:	and address of at leas	t one member or manager of	the limited liability
	Name	Addı	955
Michael D.	Bills	1821 N. 28th St., Boise, ID 83	3703
. Mailing add	tress for future corresr	oondence (annual report notic	ces).
•	way Ave., Bolse, ID 83706	•	
		ional):	
ignature of a	a manager, member	or authorized	
	1.1106	S	ecretary of State use only
ignature	Mighael D. Bills		
yped Name:	who do o bus		
ignature	/ 		IDAHO SECRETARY OF STATE
yped Name:			CK: 3898 CT: 169921 BH: 133369 1 8 188.06 = 188.88 DRGAN LLC 4

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