



**CERTIFICATE OF ORGANIZATION
LIMITED LIABILITY COMPANY**

FILED EFFECTIVE

11 MAR - 9 PM 1:10

(Instructions on back of application)

**SECRETARY OF STATE
STATE OF IDAHO**

1. The name of the limited liability company is:

Mark's Portable Carpet Care LLC

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

7 Wheeler St Boise, ID 83705

(Street Address)

(Mailing Address, if different than street address)

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

Mark A. Mace

(Name)

7 Wheeler St Boise, ID 83705

(Street Address)

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

Mark A. Mace

Name

Address

7 Wheeler St Boise, ID 83705

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

7 Wheeler St Boise, ID 83705

6. Future effective date of filing (optional): _____

Signature of a manager, member or authorized person.

Signature _____

Typed Name: Mark A. Mace

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
03/09/2011 05:00
CK: 624985 CT: 172899 BH: 1263448
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