



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

**FILED EFFECTIVE**

2014 AUG -4 AM 9:14

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

Black's Contracting LLC

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

514 Marion Ave., Sandpoint ID 83864

(Street Address)

(Mailing Address, if different than street address)

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

Glen L. Black

(Name)

514 Marion Ave. Sandpoint, Id 83864

(Street Address)

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

**Name**

**Address**

Glen L. Black

514 Marion Ave Sandpoint, ID., 83864

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

514 Marion Ave., Sandpoint, Id., 83864

6. Future effective date of filing (optional): \_\_\_\_\_

Signature of a manager, member or authorized person.

Signature

Typed Name: Glen L. Black

Signature

Typed Name: \_\_\_\_\_

Secretary of State use only

IDAHO SECRETARY OF STATE

**08/04/2014 05:00**

CK: 3232 CT: 299726 BH: 1435938  
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