

**FILED EFFECTIVE**

# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2013 JUN -6 AM 9:05

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

Stringer Lawn Service LLC

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

3734 Highway 95 Parma, ID 83660

(Street Address)

same

(Mailing Address, if different than street address)

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

Chance Stringer

(Name)

3734 Highway 95 Parma, ID 83660

(Street Address)

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

NameAddressChance Stringer3734 Highway 95 Parma, ID 83660

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

same

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

Signature of a manager, member or authorized person.

Signature

Typed Name: Chance Stringer

Signature \_\_\_\_\_

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

Secretary of State use only

 IDAHO SECRETARY OF STATE  
 06/06/2013 05:00  
 CK: 2424 CT: 284000 BH: 1376931  
 1 @ 100.00 = 100.00 ORGAN LLC # 2

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