





## Office of the secretary of state, Lawerence Denney CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

Idaho Secretary of State PO Box 83720 Boise, ID 83720-0080 (208) 334-2301 Filing Fee: \$100.00

For Office Use Only

-FILED-

File #: 0004679795

Date

Date Filed: 3/31/2022 1:10:38 PM

| Certificate of Organization Limited Liability Company Select one: Standard, Expedited or Same Day Service (see descriptions below) |                         | Standard (filing fee \$100)                     |  |
|--|-------------------------|---|--|
| 1. Limited Liability Company Name  |                         |   |  |
| Type of Limited Liability Company  |                         | Limited Liability Company                       |  |
| Entity name  |                         | Portneuf Valley Home Inspections LLC            |  |
| 2. The complete street address of the principal  | office is:              |   |  |
| Principal Office Address   |                         | 2020 HORIZON DRIVE                              |  |
|  |                         | POCATELLO, ID 83201                             |  |
| 3. The mailing address of the principal office is:   |                         |   |  |
| Mailing Address  |                         | 2020 HORIZON DR                                 |  |
|  |                         | POCATELLO, ID 83201-2515                        |  |
| 4. Registered Agent Name and Address   |                         |   |  |
| Registered Agent   |                         | Registered Agent                                |  |
|  |                         | Tim Cragun                                      |  |
|  |                         | Physical Address:<br>2020 HORIZON DRIVE         |  |
|  |                         | POCATELLO, ID 83201                             |  |
|  |                         | Mailing Address:                                |  |
|  |                         | 2020 HORIZON DR                                 |  |
|  |                         | POCATELLO, ID 83201-2515                        |  |
| I affirm that the registered agent   | appointed has consented | d to serve as registered agent for this entity. |  |
| Name   |                         | Address   |  |
| Tim Cragun   | 2020 HORIZON DR         | IVF   |  |
| Time Gragan  | POCATELLO, ID 83        |   |  |
|  |                         |   |  |
| Signature of Organizer:  |                         |   |  |
|  |                         |   |  |
| Time Con access  |                         | 02/24/2022                                      |  |
| Tim Cragun   |                         | 03/31/2022                                      |  |

Sign Here