



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

2014 JUN 30 AM 9:11

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Allied Professional Builders LLC

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

9220 W. WRIGHT ST. Boise, ID. 83709
(Street Address)

(Mailing Address, if different than street address)

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

Niel H. Lewis
(Name)

9220 W. WRIGHT ST. Boise, ID. 83709
(Street Address)

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

Name

Address

Niel H. Lewis

9220 W. WRIGHT ST. Boise, ID. 83709

Sarah D. Lewis

9220 W. WRIGHT ST. Boise, ID. 83709

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

9220 W. WRIGHT ST. Boise, ID 83709

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature

Typed Name: Niel H. Lewis

Signature

Typed Name: Sarah Lewis

Secretary of State use only

IDAHO SECRETARY OF STATE

06/30/2014 05:00

CK: NO CK# CT: 298513 BH: 1431343
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