Typed Name: ____

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

(Instructions on back of application)

10 MAR -8 PM 12: 20

SECRETARY OF STATE STATE OF IDAHO

. The name of the limited liabilit	ty company is: STATE OF IDAHO
	Bikini Construction, LLC
. The complete street and mailir	ng addresses of the initial designated/principal office:
	/2 W Washington St., Boise, ID 83702
(Street Address)	
(Mailing Address, if different than street add	tross)
The name and complete street	t address of the registered agent:
Paul E. Bejot	1317 1/2 Washington St., Boise, ID
(Name)	(Street Address)
The name and address of at le company:	east one member or manager of the limited liability
Name	<u>Address</u>
Paul E. Bejot	1317 1/2 W Washington St., Boise, ID
	
•	
Martten and Janes Co. C. A	
•	espondence (annual report notices):
131/	7 1/2 W. Washington St., Boise, ID
Problem of the Alice of the College	
Future effective date of filing (c	optional):
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ing in behalf of a member or members)). Secretary of State use only
mature 12.09	Rand In Co.
gnature <u>Ceellan</u>	Day Day
ped Name: Paul E. Be	IDAHO SECRETARY OF STATE
	93/09/2010 05:00 CK: 557 CT: 245688 BH: 1211611
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