



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2012 JUL 31 AM 8:44

1. The name of the limited liability company is:

RIVER BIRCH HOME SOLUTIONS SECRETARY OF STATE
STATE OF IDAHO

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

3078 SHADOWVIEW EAGLE Id 83616
(Street Address)

372 S. EAGLE RD PMB #336 EAGLE 83616
(Mailing Address, if different than street address)

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

MIKE M E LABE
(Name)

3078 SHADOWVIEW Eagle
(Street Address) Id 83616

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

Name

Address

RIVER BIRCH COMPANIES, INC

372 S. EAGLE RD PMB #336

EAGLE, Id 83616

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

372 S. EAGLE RD PMB #336 EAGLE Id 83616

6. Future effective date of filing (optional): _____

Signature of a manager, member or authorized person.

Signature MIKE M E LABE PRES/RBCO

Typed Name: MIKE M E LABE

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
07/31/2012 05:00
CK: 7261 CT: 272806 BH: 1334106
1 @ 100.00 = 100.00 ORGAN LLC # 2

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