

Signature:__

Rev. 08/2015

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

Title 30, Chapters 21 and 25, Idaho Code Filing fee: \$100 typed, \$120 not typed

Complete and submit the application in duplicate.

2016 JAN 19 AM 10: 28

SECRETARY OF STATE

| - | | STATE OF IDAHO | |
|--|---|--|--|
| . The name of the limit | ed liability company is: | | |
| Blue Pine Lawn Care | e, LLC | | |
| (Remember to inc | ude the words "Limited Liability Company," "Limited Company," o | or the abbreviations L.L.C., LLC, or LC) | |
| . The complete street | and mailing addresses of the principal office | n ie: | |
| 9008 W Lorinda Dr E | - · · · · · · · · · · · · · · · · · · · | = i5. | |
| (Street Address) | | | |
| (Street Address) | | | |
| (Mailing Address, if different) | | · | |
| B. The name and comp | lete street address of the registered agent: | | |
| Jacob Freeland | 9008 W Lorinda Dr Boise | 9008 W Lorinda Dr Boise ID 83704 | |
| (Name) | (Address) | | |
| | | | |
| The name and addre | ss of at least one governor of the limited lia | bility company: | |
| Jacob Freeland | 9008 W Lorinda Dr Boise | 9008 W Lorinda Dr Boise ID 83704 | |
| (Name) | (Address) | | |
| | | | |
| (Name) | (Address) | | |
| | | | |
| (Name) | (Address) | | |
| (tome) | (Address) | | |
| | | | |
| (Name) | (Address) | | |
| | | | |
| - | uture correspondence (annual report notice | s): | |
| 25218 Rodeo Ln Pa | ma ID 83660 | · | |
| (Address) | | | |
| Signature of organization | | | |
| Signature of organizer(s). | | Secretary of State use only | |
| Printed Name: Jacob Free | eland | , | |
| 11.1 | | IDAHO SECRETARY OF STATE | |
| Signature: Jal (| | 01/19/2016 05:00 | |
| | | K:1088 CT:319082 BH:1509203 | |

 $10 \ 100.00 = 100.00 \ ORGAN \ LLC #2$

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