

## CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

(Instructions on back of application)

2016 JAN 20 AM 9: 00

	(IIISUUCUONS ON DACK	or application	1)		•	
1.	The name of the limited liability com	npany is:		SECF	RETARY OF <b>STATE</b> ATE OF IDAHO	
	Anything YARD & Anything	WOOD LLC				
2.	The complete street and mailing addresses of the initial designated office:					
	22339 Kimberly Road, Kimb	erly ID 83	3341			
	(Street Address)					
	(Mailing Address, if different than street address)		· · · · · · · · · · · · · · · · · · ·			
3.	The name and complete street address of the registered agent:					
	Ernie J Silva (Name)	22339 Ki (Street Address)	mber1y	Road,	Kimberly ID 8	3341
4.	The name and address of at least or company:	ne member o	r manager	of the	imited liability	
	<u>Name</u>		<u>A</u>	<u>ddress</u>		
	Ernie J Silva	22339 Ki	mberly H	Road,	Kimberly ID 8	3341
	Sonny J Silva	720 2nd Ave West, Twin Falls ID 83301				
				•		
5	Mailing address for future correspond	dence (annu:	al report no	ntices).		
Ů.	22339 Kimberly Road, Kimbe	,	,	/ticcs).		
	22339 Kimberry Road, Kimbe	ETTA IN 02	.341	<del></del>		
6.	Future effective date of filing (options	al):	· · · · · · · · · · · · · · · · · · ·			
_	nature of a manager, member or son.	authorized _				
	e · 2 8.0				y of State use only SECRETARY OF STAT	re:
	nature Emie J. Silva	-1-18-16		01/	20/2016 05:0	0
Гур	ed Name: Ernie J Silva				TT:319172 BH:15 = 100.00 ORGAN	
		/			- 100.00 OKSAN = 20 AA FYDFDII	

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Signature Sonny J Silva