



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

**FILED EFFECTIVE**

08 DEC 31 AM 8:47

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

BBE SNOWPLOWING, LLC

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

4940 EAGLEWOOD DR, IDAHO FALLS, ID 83401

(Street Address)

(Mailing Address, if different than street address)

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

DARRIN DEPAOLO

(Name)

4940 EAGLEWOOD DR, IDAHO FALLS, ID 83401

(Street Address)

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

**Name**

**Address**

DARRIN DEPAOLO

4940 EAGLEWOOD DR, IDAHO FALLS, ID 83401

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

4940 EAGLEWOOD DR, IDAHO FALLS, ID 83401

6. Future effective date of filing (optional): \_\_\_\_\_

Signature of organizer(s). (An organizer is a member, or is acting in behalf of a member or members).

Signature \_\_\_\_\_

Typed Name: DARRIN DEPAOLO

Signature \_\_\_\_\_

Typed Name: \_\_\_\_\_

Secretary of State use only

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Revised 07/2008

IDAHO SECRETARY OF STATE  
12/31/2008 05:00  
CK: 1495 CT: 232679 DH: 1150266  
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