



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

2015 JUN 15 AM 9:29

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

4 Seasons Cleaning L.L.C

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

5271 Barton Place Ammon ID 83406
(Street Address)

(Mailing Address, if different than street address)

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

Halee Kast
(Name)

5271 Barton place Ammon ID 83406
(Street Address)

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

Name	Address
<u>Halee Kast</u>	<u>5271 Barton Place Ammon ID 83406</u>
_____	_____
_____	_____
_____	_____

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

5271 Barton place Ammon ID 83406

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

Signature of a manager, member or authorized person.

Signature Halee Kast

Typed Name: Halee Kast

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

06/15/2015 05:00

CK:1005 CT:311355 BH:1479905

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