

4005



## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

08 AUG 20 AH 10: 10

C T	(Instructions on back of	application)
1.	The name of the limited liability compa	ny is:  SECRETARY OF ST.  STATE OF IDAHO
	Essential H	Home Solutions LLC
2.	The complete street address, and mailing principal office:	ng address if different, of the initial designated/
		uite 368 Boise, Idaho 83714
3.	The name of the commercial registered agent; or the name and complete street address of the non-commercial registered agent:	
	National Registered Agents, Inc. 142	3 Tyrell Lane Boise, ID 83706 County of Ada
4.	The name and address of at least one n company:	nember or manager of the limited liability
	Name	<u>Address</u>
	Nicola Winslow	7154 W. State St. Suite 368 Boise, Idaho 83714
	Lindsy Iverson	7154 W. State St. Suite 368 Boise, Idaho 83714
	Peter Iverson	7154 W. State St. Suite 368 Boise, Idaho 83714
	Dennis Wilson	7154 W. State St. Suite 368 Boise, Idaho 83714
		Suite 368 Boise, Idaho 83714
6. F	uture effective date of filing (optional): _	
or is a	ature of an organizer(s). (An organizer is a reting in behalf of a required, and existing, initial mbers).	member
	ature	Secretary of State use only
Туре	d Name: Karmelia Fredrick, Assistant Secret	tary g IDAHO SECRETARY OF STATE
Signa	iture	IDAHO SECRETARY OF STATE  08/20/2008 05 = 00  CK: 187873 CT: 167623 BH: 1132397  1 9 100.00 = 100.00 ORGAN LLC # 2
Typed	d Name:	- Island