







## **STATE OF IDAHO**

Office of the secretary of state, Lawerence Denney CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

Idaho Secretary of State PO Box 83720 Boise, ID 83720-0080 (208) 334-2301 Filing Fee: \$100.00 For Office Use Only

-FILED-

File #: 0004714897

Date Filed: 4/25/2022 11:07:30 AM

Entity name  2. The complete street address of the principal office is: Principal Office Address  616 TRL MCC  3. The mailing address of the principal office is: Mailing Address  616 APT MCC  4. Registered Agent Name and Address Registered Agent  Reg EL C Phys 1604 #103 NAM Mailin 1604 STE	SAMSON TRL
Entity name  2. The complete street address of the principal office is:  Principal Office Address  616 TRL MCC  3. The mailing address of the principal office is:  Mailing Address  616 APT MCC  4. Registered Agent Name and Address Registered Agent  Reg EL C Phys 160 #100 NAM Mailin 1604 \$TI NAM  I affirm that the registered agent appointed has consented to ser  5. Governors  Name	Painting LLC  SAMSON 3 LLL, ID 83638  SAMSON TRL  LLL, ID 83638-4209
2. The complete street address of the principal office is:  Principal Office Address  616 TRL MCC  3. The mailing address of the principal office is:  Mailing Address  616 APT MCC  4. Registered Agent Name and Address  Registered Agent  Reg EL C Phys 160 #10: NAM Mailin 1604 STE NAM  I affirm that the registered agent appointed has consented to ser	SAMSON 3 ILL, ID 83638 SAMSON TRL ILL, ID 83638-4209
Principal Office Address  G16 TRL MC0  3. The mailing address of the principal office is:  Mailing Address  G16 APT MC0  4. Registered Agent Name and Address  Registered Agent  Reg EL 0 Phys 160 #100 NAM Mailin 160 STE NAM  I affirm that the registered agent appointed has consented to ser  5. Governors  Name	3 ILL, ID 83638 SAMSON TRL ILL, ID 83638-4209
TRL MCG  3. The mailing address of the principal office is:  Mailing Address  616 APT MCG  4. Registered Agent Name and Address  Registered Agent  Reg EL G Phys 160 #103 NAM Mailin 1604 STE NAM  I affirm that the registered agent appointed has consented to ser  5. Governors  Name	3 LLL, ID 83638 SAMSON TRL LLL, ID 83638-4209
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Mailing Address 616 APT MCC  4. Registered Agent Name and Address Registered Agent Reg EL C Phys 1604 #103 NAM Mailin 1604 STE NAM  I affirm that the registered agent appointed has consented to ser  5. Governors  Name	LL, ID 83638-4209
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4. Registered Agent Name and Address  Registered Agent Reg EL C Phys 1604 #100 NAM Mailin 1604 STE NAM  I affirm that the registered agent appointed has consented to ser  5. Governors  Name	
Registered Agent Reg EL C Phys 1604 #103 NAM Mailin 1604 STE NAM   I affirm that the registered agent appointed has consented to ser Name	ered Agent
EL C Phys 1604 #103 NAN Mailin 1604 STE NAN  I affirm that the registered agent appointed has consented to ser  5. Governors  Name	eren anem
Phys 1604 #103 NAN Mailin 1604 STE NAN  I affirm that the registered agent appointed has consented to ser  5. Governors  Name	NTRO, INC.
#10: NAM Mailin 1604 STE NAM   I affirm that the registered agent appointed has consented to ser  5. Governors  Name	I Address:
NAM Mailin 1604 STE NAM   I affirm that the registered agent appointed has consented to ser  5. Governors  Name	GARRITY BLVD
1604 STE NAM  I affirm that the registered agent appointed has consented to ser  5. Governors  Name	A, ID 83687
STE NAM  I affirm that the registered agent appointed has consented to ser  5. Governors  Name	Address:
NAM  I affirm that the registered agent appointed has consented to ser  S. Governors  Name	GARRITY BLVD 03
5. Governors  Name	A, ID 83687-6949
Name	e as registered agent for this entity.
JAQUELINE ARACELY ALEMAN SANTAMARIA	
	Address
	616 N SAMSON TRLR 3
Signature of Organizer:	
JAQUELINE ALEMAN	616 N SAMSON TRLR 3
Sign Here	616 N SAMSON TRLR 3