

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

F		Title 30, Chapters 21 and 25, Id	daho Code				
V	TE TO	Base Filing fee: \$100.00. Complete and submit the application in duplicate.			2015 JUL -2 PM 1: 22		
		Complete and submit the application in <u>duplicate</u> .					
1.	The name of the limited liability company is:				S	RETARY OF TATE OF ID	STATE AHO
	Jim's handyman service llc						
		Remember to include the words "Limited List	pility Company." "Limit	ted Companyj, for the abbr	eviations L.C.,	, LLC, or LC)	
2.	The complete street and mailing addresses of the principal office is:						
		v harvester ct	sses of the pin	boise		id 8:	3709
	(Street Addre			(City)			(Zipcode)
	(Mailing Addr	ess, if different)	<u></u>	(City)		(State)	(Zipcode)
3.	The name and complete street address of the registered agent:						
	jim selami 1	12117 w harvester ct boise id 83709					
	(Name)	(A	(ddress)		(City)	(State)	(Zipcode)
4.	The name and address of at least one governor of the limited liability company:						
		i 12117 w harvester ct			boise	id	83709
	(Name)	A)	Address)		(City)	(State)	(Zipcode)
	(Name)	(,i	Address)		(City)	(State)	(Zipcode
	(Name)	(/	Address)		(City)	(State)	(Zipcode
	(Name)	(-	Address)		(City)	(State)	(Zipcode
		V	roxen caay		()	(O)diny	Çp.c.sva .
5.	Mailing address for future correspondence (annual report notices):						
		w harvester ct		boise		id	83709
	(Addres:	3)		(Cit	y)	(State)	(Zipcode)
Sig	nature of o	rganizer(s).		Coord	lant of Ctota upo	anh.	
Printed Name: jim selami					tary of State use AHO SECRET	eonly ARY OF STA	TE
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Sig	nature:	# = = = = = = = = = = = = = = = = = = =				72099 BH: .00 ORGAN	
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Rev. 07/2015

Printed Name: Jim Solo

Signature:_

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