



0005316440



**STATE OF IDAHO**  
*Office of the secretary of state, Phil McGrane*  
**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 #: 0005316440

Date Filed: 7/11/2023 12:59:46 PM

| Certificate of Organization Limited Liability Company   |   |      |         |               |                                      |                 |                                      |
|---|---|------|---------|---------------|--------------------------------------|-----------------|--------------------------------------|
| Select one: Standard, Expedited or Same Day Service (see descriptions below)  | Standard (filing fee \$100)   |      |         |               |                                      |                 |                                      |
| 1. Limited Liability Company Name   |   |      |         |               |                                      |                 |                                      |
| Type of Limited Liability Company   | Limited Liability Company   |      |         |               |                                      |                 |                                      |
| Entity name   | R&S Roll Offs LLC   |      |         |               |                                      |                 |                                      |
| 2. The complete street address of the principal office is:  |   |      |         |               |                                      |                 |                                      |
| Principal Office Address  | 2970 S SKYVIEW DR<br>NAMPA, ID 83686  |      |         |               |                                      |                 |                                      |
| 3. The mailing address of the principal office is:  |   |      |         |               |                                      |                 |                                      |
| Mailing Address   | 2970 S SKYVIEW DR<br>NAMPA, ID 83686-8776   |      |         |               |                                      |                 |                                      |
| 4. Registered Agent Name and Address  |   |      |         |               |                                      |                 |                                      |
| Registered Agent  | Registered Agent<br>Savannah Beus<br>Physical Address:<br>2970 S SKYVIEW DR<br>NAMPA, ID 83686<br>Mailing Address:<br>2970 S SKYVIEW DR<br>NAMPA, ID 83686-8776 |      |         |               |                                      |                 |                                      |
| <input checked="" type="checkbox"/> I affirm that the registered agent appointed has consented to serve as registered agent for this entity.  |   |      |         |               |                                      |                 |                                      |
| 5. Governors  |   |      |         |               |                                      |                 |                                      |
| <table border="1"> <thead> <tr> <th>Name</th> <th>Address</th> </tr> </thead> <tbody> <tr> <td>Savannah Beus</td> <td>2970 S SKYVIEW DR<br/>NAMPA, ID 83686</td> </tr> <tr> <td>Remmington Beus</td> <td>2970 S SKYVIEW DR<br/>NAMPA, ID 83686</td> </tr> </tbody> </table> |   | Name | Address | Savannah Beus | 2970 S SKYVIEW DR<br>NAMPA, ID 83686 | Remmington Beus | 2970 S SKYVIEW DR<br>NAMPA, ID 83686 |
| Name  | Address   |      |         |               |                                      |                 |                                      |
| Savannah Beus   | 2970 S SKYVIEW DR<br>NAMPA, ID 83686  |      |         |               |                                      |                 |                                      |
| Remmington Beus   | 2970 S SKYVIEW DR<br>NAMPA, ID 83686  |      |         |               |                                      |                 |                                      |
| Signature of Organizer:   |   |      |         |               |                                      |                 |                                      |
| <i>Savannah Beus</i>  | <u>07/11/2023</u>   |      |         |               |                                      |                 |                                      |
| Sign Here   | Date  |      |         |               |                                      |                 |                                      |

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