

## **CERTIFICATE OF ORGANIZATION** LIMITED LIABILITY COMPANY

(Instructions on back of application)

2012 MAR -9 ANIII: 21

1. The name of the limited liabil	lity company is:	STATE OF HIGHO	
	Jose Ramos Roofing LLC		
2. The complete street and mail	ing addresses of the initia	al designated office:	
Route 2 Box 43 Ellsworth Road P	ocatello, ID 83202		
(Street Address) PO Box 3447 Idaho Falls, ID 8340	12		
(Mailing Address, if different than street ad			
3. The name and complete stree	-	ed agent:	
Jose Ramos		Route 2 Box 43 Elisworth Road Pocatello, ID 83202	
(Name)	(Street Address)		
The name and address of at l company:	least one member or man	ager of the limited liability	
<u>Name</u>		<u>Address</u>	
Jose Ramos	Route 2 Box 43 Ells	Route 2 Box 43 Ellsworth Road Pocatello, ID 83202	
<ol><li>Mailing address for future cor</li></ol>	respondence (annual rep	ort notices):	
PO Box 3447 Idaho Falls, ID 8340	03		
6. Future effective date of filing	(optional): <u>n/a</u>		
Signature of a manager, memb	per or authorized		
person.			
Signature Amont H		Secretary of State use only	
yped Name. Jose Ramos			
		IDAHO SECRETARY OF STATE	
Signature		Ø3/Ø9/2012 Ø5:00 CK: 927931 CT: 172099 BH: 131439	
Гуреd Name:		1 0 100.00 = 100.00 ORGAN LLC #	

Typed Name: