## FILED EFFECTIVE

		IY 09 JUL 20 AM 9: 43
(Instructions on back of application)		SECRETARY OF STATE
1. The name of the limited lia	ability company is: All Valley Pressure Washing	STATE OF IDAHO
2. The complete street and m		al designated/principal office:
(Street Address) (Mailing Address, if different than stre		
3. The name and complete s Corey Miller (Name)		ed agent:
4. The name and address of company: <u>Name</u> Corey Miller		nager of the limited liability <u>Address</u> x 122 Eagle Idaho,83616
5. Mailing address for future	correspondence (annual rep PO Box 122 Eagle Idaho,836	
6. Future effective date of fili		in a second s
Signature of organizer(s). (An o acting in behalf of a member or mer	nbers).	Secretary of State use only
Signature Typed Name: Signature Typed Name:	122	IDAHO SECRETARY OF STAT 07/20/2009 05: