

Signature:

Printed Name:

Rev. 11/2015

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

Title 30, Chapters 21 and 25, Idaho Code Filing fee: \$100 typed, \$120 not typed

Complete and submit the application in duplicate.

FILED EFFECTIVE 2017 JAN 23 AM 9: 52

SECRETARY OF STATE STATE OF IDAHO

W177289

The name of the limited li		
RELIANCE CONSTRUC		
(Remember to include t	ne words "Limited Liability Company," "L	imited Company," or the abbreviations L.L.C., LLC, or LC)
The complete street and	mailing addresses of the princ	ipal office is:
PO BOX 2 ST ANTHONY, ID 83445		
(Street Address)		
	St Anthony ID 83445	
(Mailing Address, if different)		
The name of the registere	ed agent and street address o	f the registered agent:
	•	•
(Name) Coey Maupin	34 E Main St. Anthony	, Idaho 83445 st office box or postal mail box)
	,	
The name and address of	at least one governor of the I	limited liability company:
COEY MAUPIN	PO BOX 2 ST ANTHONY, ID 83445	
(Name)	(Address)	<del></del>
(Name)	(Address)	
	, ,	
(Name)	(Address)	
( )	(Address)	
(Name)	(Address)	
Mailing address for future	correspondence (partial rem	out matinaal.
PO BOX 2 ST ANTHON	correspondence (annual repo	ort notices).
(Address)	, 15 00440	<del></del>
(***********		
ature of organizer(s).		
		Secretary of State use only
ature oc M	cery ~	IDAHO SECRETARY OF STATE
ed Name: COEY MAUPIN		01/23/2017 05:00
eu Name.		CK:4562 CT:180904 BH:156520