

Printed Name: _____

Signature: _

RESTATEMENT OF CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

Title 30, Chapters 21 and 25, Idaho Code Filing fee: \$30 typed, \$50 not typed

Complete and submit the application in <u>duplicate</u>.



		" IDAHO"E	
a. The name of the limited liability Creative Sheds LLC	r company is:		
. The date the certificate of orga	nization was filed: 05/14/07		
e Certificate of Organization is			
The name of the limited liability Creative Sheds LLC	company is:		
The complete street and mailing 2090 Charitan Dr.	ng addresses of the principal office is:		
(Street Address)			
Boise, ID 83713			
(Mailing Address, if different)	 		
Registered agent name and ac	idress:		
Jake Williams		2090 Charitan Dr. Boise, ID 83713	
(Name)	(Address)		
	Registered agent signature:	1 Wr-	
	/ regional agent organization	(New registered agent must sign here)	
Mailing address for future corre	espondence:	,	
2090 Charitan Dr. Boise,	•		
(Address)			
The name and address of at le	east one manager or member:		
Ryan Centanni	_	24749 Mosier Rd. Rainier, OR 97048	
(Name)	(Address)		
(Name)	(Address)		
(Name)	(Address)		
	Γ	Secretary of State use only	
Signature of a manager, member, or an authorized person.		TOTAL ADADAMAN AND AND AND AND AND AND AND AND AND A	
rinted Name: Ryan Centanni		10AHO SECRETARY OF STATE 04/26/2016 05:00	
		CK:1201 CT:213311 BH:1525374	
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