

CERTIFICATE OF ORGANIZATIONLED EFFECTIVE LIMITED LIABILITY COMPANYSEP 25 AM 8: 53

(Instructions on back of application)

SECRETARY OF STATE STATE OF IDAHO

. The name of the limited lia	shility company is: STATE OF IDAHO
	• • •
HomeTeam Maintenance and I	Landscape, LLC.
. The complete street and m	ailing addresses of the initial designated office:
521 N. Coppertree Dr. Nampa,	ID 83651
(Street Address) P.O. Box 44293 Boise, ID 837	711
(Mailing Address, if different than street	
	reet address of the registered agent:
Shane Stairs	521 N. Coppertree Dr. Nampa, ID 83651
(Name)	(Street Address)
 The name and address of a company: Name 	at least one member or manager of the limited liability Address
Jennifer Stairs	521 N. Coppertree Dr. Nampa, ID 83651
Mailing address for future of	correspondence (annual report notices):
PO Box 44293 Boise, ID 8371	•
FG Box 44293 Boise, ID 637 I	
	September 25, 2014
b. Future effective date of filin	ng (optional): September 25, 2014
lignature of a manager, me	mber or authorized
erson.	Secretary of State use only
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ignature Shund State	09/25/2014 05:00
yped Name: Shane Stairs	CK: 3710 CT: 301506 BH: 14427
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yped Name:	
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