

Typed Name: \_\_\_

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

The second	LIMITED LIABILI	IT COMPA	V 2012 AUG 29 AN 18: 59	
	(Instructions on back			
1.	The name of the limited liability con	mpany is:	SECRETARY OF STATE STATE OF IDAMO	
	·	NITES CONCRETE LL		
2.	The complete street and mailing ad 3020 WOODBRIDGE ST (Street Address) CALDWELL ID 83605	ddresses of the init	tial designated office:	- -
3.	(Mailing Address, if different than street address)  The name and complete street address of the registered agent:			
	ARMANDO L BENITES (Name)	3020 WOODBRID (Street Address)	GE ST CALDWELL ID 83605	-
4.	The name and address of at least one member or manager of the limited liability company:			
	Name		Address	
	ARMANDO L BENITES	3020 WOODBRID	GE ST CALDWELL ID 83605	-
				- - ` -
5.	Mailing address for future corresponding WOODBRIDGE ST CALDWELL ID	-	port notices):	··
6.	. Future effective date of filing (optional):			
_	nature of a manager, member or son.	r authorized		
•	,		Secretary of State use only	
	nature Armando Beniter			
Тур	ed Name: ARMANDO L BENITES	<del></del>		
Sig	nature	·	IDANO SECRETARY OF STATE	20

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08/29/2012 05:00

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