



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2012 DEC 19 AM 10:24

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

PROLINE MASONRY L.L.C.

2. The complete street and mailing addresses of the initial designated office:

5702 Claret Cup Way Meridian ID 83646
(Street Address)

(Mailing Address, if different than street address)

3. The name and complete street address of the registered agent:

Brian M. Esquivel
(Name)

12463 W. SITKA Dr. Boise 83713
(Street Address)

4. The name and address of at least one member or manager of the limited liability company:

Name	Address
<u>Brian Esquivel</u>	<u>12463 W. SITKA Dr Boise ID 83713</u>
<u>Len Chessmore</u>	<u>5702 Claret Cup Way Meridian 83646</u>
_____	_____
_____	_____
_____	_____

5. Mailing address for future correspondence (annual report notices):

5702 Claret Cup Wy Meridian ID 83646

6. Future effective date of filing (optional): _____

Signature of a manager, member or authorized person.

Signature [Signature]
Typed Name Brian M. Esquivel

Signature _____
Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
12/19/2012 05:00
CK: 1228080 CT: 172099 BH: 1352088
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