

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

11 APR 25 AM 9: 25

OF STATE

. The name of the limited liability cor	mpany is: OA'S INSULATION, LLC
The complete street and mailing ad 5916 W PORT APT#103 BOISE ID 8370	ddresses of the initial designated/principal office: 03
(Street Address)	
(Mailing Address, if different than street address)	
The name and complete street add	Iress of the registered agent:
(Name)	5916 W PORT APT#103 BOISE ID 83703 (Street Address)
The name and address of at least of company:	one member or manager of the limited liability
Name GENARO OCHOA MARTINEZ	Address 5916 W PORT APT#103 BOISE ID 83703
. Mailing address for future correspondence 5916 w PORT APT#103 BOISE IN	•
. Future effective date of filing (option	nal):
ignature of a manager, member or erson. gnature GENARO OCHOA MARTINE	Secretary of State use only
ianature	TAGUA SEPRETARY OF STATE

04/26/2011 05:00 CK: 1711 CT: 242015 BH: 1278910 1 0 100.00 = 100.00 ORGAN LLC # 2

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Typed Name: ______