

FILED
ELECTRONIC
TIVE

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

08 JUL 17 AM 8:37
SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

MIKE'S HOME WORKS LLC

2. The complete street address, and mailing address if different, of the initial designated/ principal office:

183 PHOENIX DRIVE PO BOX 1170 PRIEST RIVER, IDAHO 83856

3. The name of the commercial registered agent; or the name and complete street address of the non-commercial registered agent:

FONDA L. JOVICK 102 9TH STREET PO BOX 789 PRIEST RIVER, IDAHO 83856

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

Name

Address

MICHAEL SJOSTROM

PO BOX 1170 PRIEST RIVER, IDAHO 83856

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

PO BOX 789 PRIEST RIVER IDAHO 83856

6. Future effective date of filing (optional):

Signature of an organizer(s). (An organizer is a member, or is acting in behalf of a required, and existing, initial member or members).

Signature

Typed Name: FONDA L. JOVICK

Signature

Typed Name:

Secretary of State use only

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Revised 07/2008

IDAHO SECRETARY OF STATE
07/17/2008 05:00
CK: 1065 CT: 227928 BH: 1127428
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