

CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY, 1012 DEC 10 AM 9: 43

	(Instructions on bac	k of application)
1.	The name of the limited liability co	SECRETARY OF STATE STATE OF IDAHO
	YELLOW LINE STRIPING & MAINTEN	ANCE, LLC
2.	The complete street and mailing a	ddresses of the initial designated office:
	(Street Address) REXBURG, ID 83440	
	(Mailing Address, if different than street address)	
3.	The name and complete street address of the registered agent:	
	JARED THOMPSON	5410 S 1650 W REXBURG, ID 83440
	(Name)	(Street Address)
4.	The name and address of at least one member or manager of the limited liability company:	
	<u>Name</u>	Address
	JARED THOMPSON	5410 S 1650 W REXBURG, ID 83440
	LORI THOMPSON	5410 S 1650 W REXBURG, ID 83440
5.	Mailing address for future correspondent S 1650 W REXBURG, ID 83440	ondence (annual report notices):
6.	Future effective date of filing (option	onal):
_	nature of a manager, member or son.	or authorized
pei	5011.	Secretary of State use only
Sig	nature and from	
Тур	ped Name: JARED THOMPSON	
Sig	nature	TRAUM CERPETARY OF CTATE
Ту	ped Name:	IDAHO SECRETARY OF STATE 12/10/2012 05:0 CX: 1808 CT: 277051 BH: 13507

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