

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

(Instructions on back of application)

2015 MAY 21 AM 9: 50

	OF STATE
1. The name of the limited liability company is:	STATE OF IDAHO
ALL Hours Maintenance	L, UC,
2. The complete street and mailing addresses of the initial designated office:	
(Street Address) Lyonsdale Place	,
(Mailing Address, if different than street address)	
3. The name and complete street address of the registered agent:	
Shaila Gilley 17096 (Name) (Street Address	N. Lyonsdale Pl., Nampa, ID 83087
4. The name and address of at least one member or manager of the limited liability company:	
Michael R. Gilley 17891	N. Yonsdale Pl., Nampa TO 83487
	
5. Mailing address for future correspondence (and	nual report notices):
17896 N. Lyonsdale Place, N	ampa, ID 8348t
6. Future effective date of filing (optional):	
Signature of a manager, member or authorize person.	
Signature MI Co 17/	Secretary of State use only IDAHO SECRETARY OF STATE
Typed Name: MICHAEL & GILLEY	05/21/2015 05:00 CK:2856928 CT:172099 BH:147643
Typod Harrio. Tritary	10 100.00 = 100.00 ORGAN LLC #
Signature	
Typed Name:	W151881

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