



(Instructions on back of application)

09 JUN 17 AM 8:24

SECRETARY OF STATE  
STATE OF IDAHO

- 1. The name of the limited liability company is:**

**Adrianna's Cleaning Service, LLC**

- 2. The complete street and mailing addresses of the initial designated/principal office:**

10829 Gila Dr., Kuna, Id 83634

**(Street Address)**

(Mailing Address, if different than street address)

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

**Adrianna J Meyer**

**(Name)**

10829 Gila Dr., Kuna, Id 83634

**(Street Address)**

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

## Discussion

**Address**

**Adrianna J Meyer**

10829 Gila Dr., Kuna, Id 83634

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

10829 Gila Dr., Kuna, Idaho 83634

6. Future effective date of filing (optional): \_\_\_\_\_

**Signature of organizer(s).** (An organizer is a member, or is acting in behalf of a member or members).

**Secretary of State use only**

Signature Adrianne Meyer

Typed Name: Adrianna J Meyer

**Signature** \_\_\_\_\_

**Typed Name:** \_\_\_\_\_

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Revised 07/2008

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 06/17/2009 05:00  
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