

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

09 JUN 18 AM 9: 00

RECOUTAGE.

. The name of the limited liab	ility company is:		STATE OF I	F ST/
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The complete street and ma			orincinal office:	-
•	:311 Parker Ave. Caldwell,	-	principal Office.	
(Street Address)		, 10 00000		
(Mailing Address, if different than street	Same			-
	·	. 1 1		•
The name and complete stre	et address of the regi	stered agent:		
Thomas Sessions	2311	Parker Ave. Caldwell	. ID 83605	
(Name)	(Street Address)			- ,:
Name Thomas Sessions	2311	Address 2311 Parker Ave. Caldwell, ID 83605		
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		,		— <u>,</u>
Mailing address for future co	rrespondence (annual 311 Parker Ave. Caldwell,	•		
Future effective date of filing	(optional):		*	
				-
nature of organizer(s). (An orga				•
ing in behalf of a member or member		Secretary of	of State use only	
gnature		9002/JD 996 CK: 15	e	
ped Name: Thomas S	essions -			
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ned Name:	NS.	8 CK: 15	2851 CT: 237545 GG_RR = 188_GR A	RIE 117 KRAW FI