



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

**FILED EFFECTIVE**

(Instructions on back of application)

2015 JUN 22 AM 9:36

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

Above Grade LLC

2. The complete street and mailing addresses of the initial designated office:

1962 N Havichur Loop, Post Falls, Idaho, 83854

(Street Address)

(Mailing Address, if different than street address)

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

Brian P Stobie

(Name)

1962 N Havichur Loop, Post Falls, Idaho, 83854

(Street Address)

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

Name

Address

Brian P Stobie

1962 N Havichur Loop, Post Falls, Idaho, 83854

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

1962 N Havichur Loop, Post Falls, Idaho, 83854

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature Brian P Stobie

Typed Name: Brian P Stobie

Signature \_\_\_\_\_

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

Secretary of State use only

IDAHO SECRETARY OF STATE

06/22/2015 05:00

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