

Typed Name: _____

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY



(Instructions on back of application)

10 DEC 20 AM 9: 05

1. The name of the limited lia	
	Rembrandt Tree Care LLC STATE OF IDAHO
2. The complete street and magging 323 S Asbury, Moscow, ID 838	ailing addresses of the initial designated/principal office:
(Street Address)	
(Mailing Address, if different than stree	it address)
3. The name and complete str	reet address of the registered agent:
ldgi Potter	323 S Asbury, Moscow, ID 83843
(Name)	(Street Address)
company:	at least one member or manager of the limited liability Address
Mark Germain	501 Main St., Deary, ID 83823
5 Mailing address for future of	correspondence (annual report notices):
323 S Asbury, Moscow, ID 838	
020 0 7 6000 7, 110000 11, 12 000	
6. Future effective date of filing	g (optional): 1/1/2011
Signature of a manager, mei	mber or authorized
person.	Secretary of State use only
Signature warming & Mu	M - 12-12-10
Typed Name:	
	IDAHO SECRETARY OF STATE 12/20/2010 05:00
Signature	CK: 1389 CT: 253649 BH: 1251692