

ORIGINAL



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

09 FEB -4 PM 4:07

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Complete Restorations and Homes by Gabrielli, LLC

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

225 North 9th Street, Suite 820, Boise, Idaho 83702

(Street Address)

P.O. Box 1097, Boise, Idaho 83701

(Mailing Address, if different than street address)

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

Kim J. Trout

(Name)

225 North 9th Street, Suite 820, Boise, Idaho 83702

(Street Address)

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

NameAddress

Anthony Gabrielli

P.O. Box 2924, McCall, ID 83638

Helga Gabrielli

P.O. Box 2924, McCall, ID 83638

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

P.O. Box 1097, Boise, Idaho 83701

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).

Signature Brent J. Willie forTyped Name: Kim J. Trout

Signature _____

Typed Name: _____

Secretary of State use only

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Revised 07/2008IDAHO SECRETARY OF STATE
02/04/2009 05:00
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