

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

10 MAY 27 AM 8: 39

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1. The name of the limited liability company	y is:	SECRETARY OF STATE
Stanley C	onstruction, LLC	STATE OF IDAHO
2. The complete street and mailing address		anated/principal office:
	Rd, Gooding, ID 83330	
(Street Address)		
P.O. Box 482 (Mailing Address, if different than street address)	Gooding, ID 83330	
	•	
3. The name and complete street address of	of the registered age	ent:
Steve Stroud	1917 Golf Course R	d, Gooding, ID 83330
	eet Address)	a, 300aing, 1D 83330 5
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I. The name and address of at least one mo	ember or manager o	of the limited liability
company:	5 · · ·	
Name	Ado	dress
Steve Stroud	P.O. Box 482, G	ooding, ID, 83330
Russell Clark	3143 S. Silvertip Ln	, Meridian, ID 83642
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- 2		
· ·		
. Mailing address for future correspondence	e (annual report noti	ces):
P.O. Box 482,	Gooding, ID 83330	
. Future effective date of filing (optional):		
gnature of organizer(s). (An organizer is a memb	er, or is	
ting in behalf of a member or members).		
gnature street true	GMP	Secretary of State use only
/ped Name: Steve Stroud	ong ik. PMD	in the second se
/ped Halle. Sieve Stroud		IDANO SECRETARY OF STATE
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gnature Provide	Des 00	1 0 198.90 = 100.00 ORGAN LLC 1 0 20.00 = 20.00 EXPEDITE C
yped Name: Russell Clark	P. Gran	* * ****