

## **CERTIFICATE OF ORGANIZATION** LIMITED LIABILITY COMPANY 10 JAN 19 PM 12: 36

| ( \frac{1}{2} \text{ O ! } | (Instructions on bad  | ck of application)               | SECRETORY OF CRATE                              |  |
|----------------------------|---|----------------------------------|---|--|
| 1. The nam                 | ne of the limited liability of  | ompany is:                       | SECRETARY OF STATE<br>STATE OF IDAHO            |  |
|                            | Rock  | Solid Home Inspections, I        | LC.   |  |
| 2. The com                 | plete street and mailing a  | ddresses of the initia           | I designated/principal office:                  |  |
|                            | 1682 W. Ap  | ogar Creek Dr. Meridian, I       | D 83646   |  |
| (Street Ad                 | dress)  | Same as above                    |   |  |
| (Mailing A                 | ddress, if different than street address)   |                                  |   |  |
| 3. The nam                 | ne and complete street ad   | dress of the registere           | ed agent:                                       |  |
|                            | Rockne J. Pinon   | 1682 W. Apga                     | r Creek Dr. Meridian, ID 83648                  |  |
| (Name)                     |   | (Street Address)                 |   |  |
|                            | The name and address of at least one member or manager of the limited liability company:  Name  Address |                                  |   |  |
|                            | Rockne J. Pinon   | 1682 W. Apgai                    | 1682 W. Apgar Creek Dr. Meridian, ID 83646      |  |
|                            |   |                                  |   |  |
|                            |   |                                  |   |  |
| <del></del>                |   |                                  |   |  |
|                            |   |                                  |   |  |
| <del></del>                |   |                                  |   |  |
|                            |   |                                  |   |  |
| 5. Mailing a               | address for future correspond   | ondence (annual ren              | ort notices)                                    |  |
|                            | •   | gar Creek Dr. Meridian, I        | •   |  |
| <del></del>                |   |                                  | · · · · · · · · · · · · · · · · · · ·           |  |
| 6. Future e                | ffective date of filing (option   | onal):                           |   |  |
|                            |   |                                  |   |  |
|                            | organizer(s). (An organizer is  | s a member, or is                |   |  |
| acting in behalf           | of a member or members).  | Γ                                | Secretary of State use only                     |  |
| Signature                  | Mul Wa  | C.PMO                            |   |  |
| Typed Name                 | Rockne J. Pinor   | a a                              |   |  |
| . ypou manno               |   | ##Von                            | IDAHO SECRETARY OF STATE                        |  |
| Signature                  |   | Monnaulic formstoart_org_fic.PMD | 01/19/2010 05:0<br>CK: 1631 CT: 24400 BH: 12840 |  |
| Typed Name:                |   | Vormer                           | 1 @ 100.00 = 100.00 ORGAN LLC                   |  |
|                            |   |                                  |   |  |

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