Diane



## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE
2014 HAY -6 AM II: 57

D W	(Instructions on ba	ack of application)	SECRETARY OF STATE
1.	The name of the limited liability company is:		STATE OF IDAHO
	MARTINEZ & SONS PROFESSIONA		
2.	The complete street and mailing addresses of the initial designated office:  196 HARDWOOD DRIVE, BELLEVUE, ID 83313		
	(Street Address) PO BOX 1948, KETCHUM, ID 83340 (Mailing Address, if different than street addres		
3.	The name and complete street address of the registered agent:		
	JOSE MARTINEZ	196 HARDWOOD	DRIVE, BELLEVUE, ID 83313
	(Name)	(Street Address)	
4.	The name and address of at least one member or manager of the limited liability company:		
	<u>Name</u> JOSE MARTINEZ	Address 196 HARDWOOD DRIVE, BELLEVUE, ID 83313	
5.	Mailing address for future corres	•	eport notices):
6.	Future effective date of filing (op	tional):	
-	nature of a manager, member son.	or authorized	
۰.۰	X	A Company of the Comp	Secretary of State use only
_	ed Name: JOSE MARTINEZ		IDAHO SECRETARY OF STATE 05/06/2014 05:00 CK:364 CT:296538 BH:1423
Sia	nature		16 100.00 = 100.00 ORGAN L
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тyp	ed Name:		

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