



## STATE OF IDAHO

*Office of the secretary of state, Phil McGrane*  
**CERTIFICATE OF ORGANIZATION LIMITED  
LIABILITY COMPANY**

Idaho Secretary of State  
PO Box 83720  
Boise, ID 83720-0080  
(208) 334-2301  
Filing Fee: \$100.00

*For Office Use Only*

-FILED-

File #: 0005653250

Date Filed: 3/18/2024 4:40:42 PM

| Certificate of Organization Limited Liability Company  |  |      |         |                       |                                      |
|--|--|------|---------|-----------------------|--------------------------------------|
| Select one: Standard, Expedited or Same Day Service (see descriptions below)   |  |      |         |                       |                                      |
| Standard (filing fee \$100)  |  |      |         |                       |                                      |
| 1. Limited Liability Company Name  |  |      |         |                       |                                      |
| Type of Limited Liability Company  | Limited Liability Company  |      |         |                       |                                      |
| Entity name  | THREE CROWN CONSTRUCTION LLC   |      |         |                       |                                      |
| 2. The complete street address of the principal office is:   |  |      |         |                       |                                      |
| Principal Office Address   | 143 5TH ST SPC 3<br>WILDER, ID 83676   |      |         |                       |                                      |
| 3. The mailing address of the principal office is:   |  |      |         |                       |                                      |
| Mailing Address  | 143 5TH ST TRLR 3<br>WILDER, ID 83676-6024   |      |         |                       |                                      |
| 4. Registered Agent Name and Address   |  |      |         |                       |                                      |
| Registered Agent   | Registered Agent<br>CHRISTINE ANN MENDOZA<br>Physical Address:<br>143 5TH ST SPC 3<br>WILDER, ID 83676<br>Mailing Address:<br>143 5TH ST TRLR 3<br>WILDER, ID 83676-6024 |      |         |                       |                                      |
| <input checked="" type="checkbox"/> I affirm that the registered agent appointed has consented to serve as registered agent for this entity.   |  |      |         |                       |                                      |
| 5. Governors   |  |      |         |                       |                                      |
| <table border="1"> <thead> <tr> <th>Name</th> <th>Address</th> </tr> </thead> <tbody> <tr> <td>CHRISTINE ANN MENDOZA</td> <td>143 5TH ST SPC 3<br/>WILDER, ID 83676</td> </tr> </tbody> </table> |  | Name | Address | CHRISTINE ANN MENDOZA | 143 5TH ST SPC 3<br>WILDER, ID 83676 |
| Name   | Address  |      |         |                       |                                      |
| CHRISTINE ANN MENDOZA  | 143 5TH ST SPC 3<br>WILDER, ID 83676   |      |         |                       |                                      |
| Signature of Organizer:  |  |      |         |                       |                                      |
| <i>CHRISTINE ANN MENDOZA</i>   |  |      |         |                       |                                      |
| Sign Here  | 03/18/2024   |      |         |                       |                                      |
| Date   |  |      |         |                       |                                      |