

ARTICLES OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY 05 AUG 17 AM 8: 50

Signature _____ Typed Name:

Capacity:

- ST 15/	(Instructions on bac	k of application)	SECRETARY OF STATE
	of the limited liability comome Inspections, LLC	npany is:	STATE OF IDAMO
	address of the initial regis		
and the na	ame of the initial registered	d agent at the abov	re address is:
	ng address for future corre k 193 McCall, ID 83638	spondence is:	
Managem	ent of the limited liability company will be vested in: s) or Member(s) (please check the appropriate box)		
address(e	s), list the name(s) and add	nager. If manager	nent is to be vested in the tone initial member.
Peter Ca	Name aprio	13960 Wrangle	Address r Road McCall, ID 83638
Signature Signature:	of at least one person res	· · · · · · · · · · · · · · · · · · ·	g the limited liability company:
Typed Nam Capacity: J	ne: Peter Caprio ndividual	artsoforganzaton p65	

IDAHO SECRETARY OF STATE

98/17/2005 05:00

CK: 176 CT: 191438 BH: 986732
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