





## STATE OF IDAHO

## Office of the secretary of state, Lawerence Denney **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 #: 0004614971

Date Filed: 2/17/2022 2:32:23 PM

Select one: Standard, Expedited or Same Day Service (se descriptions below)	Standard (filing fee \$100)
Limited Liability Company Name	
Type of Limited Liability Company	Limited Liability Company
Entity name	Rams Lawn Care, LLC
2. The complete street address of the principal office is:	
Principal Office Address	562 3RD AVE N TWIN FALLS, ID 83301
3. The mailing address of the principal office is:	
Mailing Address	562 3RD AVE N TWIN FALLS, ID 83301-5706
Registered Agent Name and Address	
Registered Agent	Registered Agent
	Altey Telly
	Physical Address: 562 3RD AVE N
	TWIN FALLS, ID 83301
	Mailing Address:
	562 3RD AVE N
	TWIN FALLS, ID 83301-5706
I affirm that the registered agent appointed has conser	nted to serve as registered agent for this entity.
5. Governors	
. Covering	<del></del>
Name Name	Address
	Address  562 3RD AVE N TWIN FALLS, ID 83301
Name	562 3RD AVE N TWIN FALLS, ID 83301 562 3RD AVE N
Name Ramiro Rodriguez Jr	562 3RD AVE N TWIN FALLS, ID 83301
Name Ramiro Rodriguez Jr	562 3RD AVE N TWIN FALLS, ID 83301 562 3RD AVE N
Name Ramiro Rodriguez Jr Alexandria Telly	562 3RD AVE N TWIN FALLS, ID 83301 562 3RD AVE N

Print & Mail Enclosures

I understand the document can ONLY be filed if the following items are included:

Payment in the amount of \$100.00 (if expedited, \$140; if 24 hours processing, \$200) - checks payable to the Secretary of State, signed and recently dated.

This filing form (submit within 30 days) with the required signature(s).

If you are submitting a correction, return the correction letter with your updated document.

