

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

	(Instructions on back of applicat	ion)
1.	The name of the limited liability company is:	SECHCIARY OF STATE STATE OF IDAHO
	Twinfalls Yard Care, LLC	
2.	2. The complete street and mailing addresses of the initial designated/principal office:	
	105 Fillwore, Twin Falls, JO 83301 (Street Address)	
	(Mailing Address, if different than street address)	· · · · · · · · · · · · · · · · · · ·
3.	3. The name and complete street address of the registered agent:	
	Sid Le20NiZ Jr. 1052 Mc (Name) (Street Addre	Untain View Drive, Twin Falk, IO 83301
4.	The name and address of at least one member or manager of the limited liability company:	
	<u>Name</u>	Address
	Sid Lezaniz, Jr. 1052 Mo	untain View Drive, Twin Falls, IO 8330
5 . I	Mailing address for future correspondence (ann	ual report notices):
	205 Filmore Twin Falls, ITO 83301	•
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b . (Future effective date of filing (optional):	44.40
Sign pers	eature of a manager, member or authorized	
-		Secretary of State use only
•	ature Sid (220) in 10	
ı ype	ed Name: Sid Lezauiz, Jo	
Sign	ature	IDAHO SECRETARY OF STATE
Typed Name: 11/1		11/10/2010 05:00 CK: 7802 CT: 252670 BH: 1246625

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