



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

**FILED EFFECTIVE**  
09 APR - 2 AM 8:27

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

Palouse Roofing, LLC

2. The complete street and mailing addresses of the initial designated/principal office:

403 Michael Dr, Troy, ID 83871

(Street Address)

PO Box 61, Troy, ID 83871

(Mailing Address, if different than street address)

3. The name and complete street address of the registered agent:

Christopher Warren

403 Michael Dr, Troy, ID 83871

(Name)

(Street Address)

4. The name and address of at least one member or manager of the limited liability company:

**Name**

**Address**

Christopher Warren

403 Michael Dr, PO Box 61, Troy, ID 83871

5. Mailing address for future correspondence (annual report notices):

PO Box 61, Troy, ID 83871

6. Future effective date of filing (optional): \_\_\_\_\_

Signature of organizer(s). (An organizer is a member, or is acting in behalf of a member or members).

Signature

Typed Name:

Christopher Warren

Signature \_\_\_\_\_

Typed Name: \_\_\_\_\_

Secretary of State use only

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Revised 07/2008

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04/02/2009 05:00  
CK: 1038 CT: 235743 BH: 1164158  
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