

## **CERTIFICATE OF ORGANIZATION** LIMITED LIABILITY COMPANY

TO MAY IN AM Q- 12

101 (N	(Instructions on back	k of applicatio	n)	MI OTTOM	1 2.13
The name o	•	• • •	•	SECRETARY OF STATE OF ID	STATE
rne name o	f the limited liability cor	• •		STATE OF ID	AHO
<del></del>	SPECIALTY LANI	DSCAPING AND	) SPRINKLEF	RS, LLC	
The complet	te street and mailing ad	ldresses of th	e initial des	ignated/principal	office:
	3905 N 15TH ST	REET, COEUR	D ALENE ID	83815	····
(Street Address)		K 3069, HAYDE!	N, ID 83835		,
(Mailing Address	, if different than street address)		<del></del>		
The name a	nd complete street add	ress of the re	gistered ag	ent:	
F	RAY SOUZA	39	05 N 15TH S	TREET, CDA 83815	*
(Name)		(Street Address	i)		
					•
The name a company:	nd address of at least o	one member o	or manager	of the limited lial	oility
	Name		Address 3905 N 15TH STREET, COEUR D ALENE ID 83815		
RAY SOUZA		3905 N 15			
		,			
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Mailing addr	ess for future correspon	ndence (annu	al report no	otices):	
	РО ВОХ	K 3069, HAYDEI	N, ID 83835	•	
Future effect	tive date of filing (option	nal):			
				·	
nature of orga	anizer(s). (An organizer is a	a member, or is			•
	member fr members).				
hh			Q.	Secretary of State use	only
nature <u>  //</u>	4 M	······································	org the PMD		e a reservi
ped Name: _	RAY SOUZA		1 1		
•			Norms/LLC forms/cert Revised 07/2008	IDANO 9	CRETARY OF
gnature			ed 07/	95/18/ CX: 18491 C	2 <b>010</b> (
ped Name: _			Morm	1 8 100.08 =	188.88 C

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