

## CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

(Instructions on back of application)

2014 JUL - 1 PM 3: 14

| 2.0  | (การเนตเมตาร บา                      | i back of application)         | SECRETARY OF STATE                        |  |
|--|--------------------------------------|--------------------------------|---|--|
| 1. The name of the limited liability company |                                      | ty company is:                 | STATE OF IDAHO                            |  |
|  | Less Landscaping & Maint             | •                              |   |  |
| 2. The cor                                   |                                      | ng addresses of the i          | nitial designated office:                 |  |
| (Street A                                    | ddress)                              |                                |   |  |
| (Mailing A                                   | Address, if different than street ad | dress)                         |   |  |
| 3. The nai                                   | me and complete stree                | t address of the regis         | tered agent:                              |  |
| Skyesu                                       | haw Costen                           | 9290 W State St Star, ID 83669 |   |  |
| (Name)                                       |                                      | (Street Address)               |   |  |
| 4. The nar                                   |                                      | east one member or r           | nanager of the limited liability          |  |
|  | <u>Name</u>                          | <u>Address</u>                 |   |  |
| Skyesu                                       | haw Costen                           | 9290 W State St                | 9290 W State St Star, ID 83669            |  |
|  |                                      |                                |   |  |
| <del></del>                                  |                                      |                                |   |  |
|  |                                      |                                |   |  |
|  |                                      |                                |   |  |
|  |                                      |                                |   |  |
| 5. Mailing                                   | address for future corr              | respondence (annual            | report notices):                          |  |
| Sar  | ve                                   | <del></del>                    |   |  |
| 6. Future                                    | effective date of filing (           | optional):                     |   |  |
| Signature person.                            | of a manager, memb                   | per or authorized              |   |  |
| •  | Ch Cal.                              |                                | Secretary of State use only               |  |
| Signature_                                   | OKY COSTEN                           |                                | IDANO SECRETARY OF STATE 07/01/2014 05:00 |  |
| Typed Nam                                    | Signature Sky Costen Sky Costen      |                                | CK:CASH CT:298580 BH:143157               |  |
|  |                                      |                                | W139643                                   |  |
| Typod Namo:                                  |                                      |                                | MUDIUM                                    |  |

cert\_org\_llc Rev. 07/2010

Typed Name: