

CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY 2014 NOV -4 PM 4: 28

(Instructions on back of application)

(mondonono	on basic or approaction,	SECRETARY OF STATE	
1. The name of the limited lial	bility company is:	STATE OF IDAHO	
Snake River Home Inspection L	LC		
2. The complete street and ma	ailing addresses of the ini	tial designated office:	
(Street Address) Nampa, ID 83687 (Mailing Address, if different than street	address)		
The name and complete str		ered agent:	
Shane Thein	17695 N Pryor Ro	17695 N Pryor Rd, Nampa, ID 83687	
(Name)	(Street Address)	(Street Address)	
The name and address of a company:	it least one member or m	anager of the limited liability	
<u>Name</u>		<u>Address</u>	
Shane Thein	17695 N Pryor Ro	17695 N Pryor Rd, Nampa, ID 83687	
5. Mailing address for future c	•	eport notices):	
6. Future effective date of filing	g (optional):		
Signature of a manager, mer person.	mber or authorized		
Signature Signature)	Secretary of State use only	
Typed Name: Shane Thein		IDAHO SECRETARY OF STATE	
Signature		11/04/2014 05:00 CK:2340228 CT:172099 BH:144: 16 100.00 = 100.00 ORGAN LLO	
Typed Name:		W43997	
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