



## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

10 JUL -2 PM 12: 05

(Instructions on back of application)

SECRETARY OF STATE STATE OF IDAHO

1.	The name of the limited liability compa	any is:
	Precision	n Pinstriping, L.L.C.
2.	The complete street and mailing addresses of the initial designated/principal office:	
5039 Hwy. 45		039 Hwy. 45
	(Street Address)	mpa, ID 83686
	(Mailing Address, if different than street address)	
3.	The name and complete street address of the registered agent:	
	Lisa M. Schlapia	5039 Hwy. 45 Nampa, ID 83686
	(Name)	(Street Address)
4.	The name and address of at least one member or manager of the limited liability company:	
	<u>Name</u>	<u>Address</u>
	Randale E. Schlapia	5039 Hwy. 45 Nampa, ID 83686
	Lisa M. Schlapia	5039 Hwy. 45 Nampa, ID 83686
5.	Mailing address for future corresponde	ince (annual report notices):
Ο.	5039 Hwy. 45 Nampa, ID 83686	
6.	Future effective date of filing (optional):	:
_	nature of organizer(s). (An organizer is a me	ember, or is
actir	ng in behalf of a member or members).	Secretary of State use only
Sia	nature Noa M Schlapia	D MA
_	ped Name: Lisa M. Schlapia	<del></del>
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Sia	nature	IDAHO SECRETARY OF STATE  ### ### ### ### ### ################
_	ped Name:	CK: 7163 CT: 249373 BH: 122923
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