

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

(Instructions on back of application)

2014 JUL -2 PM 12: 41

(	· · · · · · · · · · · · · · · · · · ·	SECRETARY OF STATE	
1. The name of the limited liabil	ity company is:	STATE OF IDAHO	
JV Complete Yard Care LLC.			
2. The complete street and mail 2910 E Dagger Falls Drive Eagle, (Street Address) 2910 E Dagger Falls Drive Eagle, (Mailing Address, if different than street address)	ID 83616	al designated office:	
. The name and complete stree	et address of the registere	ed agent:	
Valerie Freeland (Name)	2910 E Dagger Falls (Street Address)	2910 E Dagger Falls Dr Eagle, ID 83616 (Street Address)	
The name and address of at l company:	east one member or mar	ager of the limited liability	
Name	2040 F D F-III	Address	
Valerie Freeland	2910 E Dagger Falk	2910 E Dagger Falls Dr Eagle, ID 83616	
Mailing address for future con 2910 E Dagger Falls Dr Eagle, ID	,	ort notices):	
Future effective date of filing			
gnature of a manager, memberson.	er or authorized		
gnature Valerie Freeland		Secretary of State use only  IDAHO SECRETARY OF STA  07/02/2014 05:0  CK: CASH CT:298620 BH:1  0 100.00 = 100.00 ORGAN	
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yped Name:		6113967	

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