

CERTIFICATE OF ORGANIZATIONFILED EFFECTIVE LIMITED LIABILITY COMPANY

(Instructions on back of application)

11 FEB -1 PM 3: 18

1.	The name of the limited liability company is:		STATE OF IDAHO
	Constr	uction by Design L	LC
2.	The complete street and mailing add 404 19th Avenue South Nampa, ID 83651	resses of the in	itial designated/principal office:
	(Street Address) P.O. Box 676 Nampa, ID 83653-0676		
	(Mailing Address, if different than street address)		
3.	The name and complete street address of the registered agent:		
	Casey Wilson		South Nampa, ID 83651
	(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>	
	Casey Wilson 404 19th Avenue South Nampa, ID 83651		South Nampa, ID 83651
5.	Mailing address for future correspond	lence (annual re	eport notices):
	P.O. Box 676 Nampa, ID 83653-0676		
6.	Future effective date of filing (optional	ıl):	
	nature of a manager, member or a son.	authorized	
	/		Secretary of State use only
Sig	nature		
Тур	ped Name: Casey Wilson		
			IDANO SECRETARY OF STATE
	nature		02/01/2011 05:00 CK: 1115 CT: 255815 BH: 1258814 1 0 188.90 = 188.80 DRGAN LLC #;
Tyr	oed Name:		1 0 188.90 = 188.90 ORGAN LLC # 2

W100088

Typed Name: _____