

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

2015 FEB -9 AM 9: 06

W.	(Instructions on ba	ick of application)	SECRETARY OF STATE
1.	The name of the limited liability company is:		SECRETARY OF STATE STATE OF IDAHO
	New Leaf Building Maintenance LLC		
2.	The complete street and mailing addresses of the initial designated office: 4611 Tranquil Pl., Idaho Falls, ID. 83406		
	(Street Address) P.O. Box 50797, Idaho Falls, ID. 8340 (Mailing Address, if different than street address	5	
3.	The name and complete street address of the registered agent:		
	Matthew Williams	4611 Tranquil F	Pl. Idaho Falls, ID. 83406
	(Name)	(Street Address)	
4.	The name and address of at least one member or manager of the limited liability company:		
	<u>Name</u>		Address
	Matthew Williams	4611 Tranquil F	Pl. Idaho Falls, ID. 83406
5.	Mailing address for future corresp P.O. Box 50797, Idaho Falls, ID. 8340	•	report notices):
6.	Future effective date of filing (optional):		
_	nature of a manager, member son.	or authorized	Secretary of State use only
Sia	nature Matter		IDANO SECRETARY OF STATE
	ped Name: Matthew Williams		02/09/2015 05:00 CK:2127 CT:306158 BH:14608
Sig	nature		1@ 100.00 = 100.00 ORGAN LL
Тур	ped Name:		W147546

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