



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

**FILED EFFECTIVE**

10 FEB 10 AM 8:10

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

L ANDON'S Custom Cabinets LLC

2. The complete street and mailing addresses of the initial designated/principal office:

3740 N Haroldson Dr. Idaho Falls, ID. 83401  
(Street Address)

550 Flamingo Ave. Shelley, ID. 83274  
(Mailing Address, if different than street address)

3. The name and complete street address of the registered agent:

Kevin Landon  
(Name)

550 Flamingo Av. Shelley, ID. 83274  
(Street Address)

4. The name and address of at least one member or manager of the limited liability company:

**Name**

**Address**

Kevin Landon

550 Flamingo Ave. Shelley, ID. 83274

5. Mailing address for future correspondence (annual report notices):

550 Flamingo Ave. Shelley, ID. 83274

6. Future effective date of filing (optional): \_\_\_\_\_

Signature of organizer(s). (An organizer is a member, or is acting in behalf of a member or members).

Signature Kevin Landon

Typed Name: Kevin Landon

Signature \_\_\_\_\_

Typed Name: \_\_\_\_\_

Secretary of State use only

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Revised 07/2008

IDAHO SECRETARY OF STATE  
02/10/2010 05:00  
CK: 3847 CT: 114471 DN: 1207469  
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