

Typed Name:

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY 08 JUL 14 AM 11: 41

(Instructions on back of application)

FILED EFFE SECRETARY OF STATE

	The name of the limited liability company is:  STATE OF IDAHO
	HOME HELPERS RESTORATION, LLC
•	The complete street address, and mailing address if different, of the initial designated/ principal office:
	1830 LAKES, MERIDIAN, IDAHO 83646
	The name of the commercial registered agent; or the name and complete street address of the non-commercial registered agent:
	TAYLOR JOHNATAKIS 3600 WALDON STREET, BOISE, IDAHO 83709
	The name and address of at least one member or manager of the limited liability
	company: Name Address
	JOHNATAKIS, INC. 3600 WALDON STREET, BOISE, ID 83709
	Mailing address for future correspondence (annual report notices):
	3600 WALDON STREET, BOISE, ID 83709
	Future effective date of filing (optional):
•	Tutale checure date of filling (optional).
~	nature of an organizer(s). (An organizer is a member,
	acting in behalf of a required, and existing, initial member
	Secretary of State use only
	nature
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/F	ped Name: HEATHER CARLSON
	IDAHO SECRETARY OF STATE 97/14/2008 05:0
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