

## **ARTICLES OF ORGANIZATION** LIMITED LIABILITY COMPANY

## **FILED EFFECTIVE**

EF3 24 Pri 5: 03

(Instructions on back of application)

Û	(instructions of pack c	
1.	The name of the limited liability comp	SELECTOR STATE  any is: STATE OF IDAHO
	PROFESSIONAL PAINTING SERV	/ICES, LLC
2.	The street address of the initial registe	ered office is:
	5798 NORTH ARLISS AVE MERID	IAN, IDAHO 83642
	and the name of the initial registered a	agent at the above address is:
	RONALD D. LIND	
3.	The mailing address for future corresp	oondence is:
	10400 OVERLAND RD PMB 183 B	OISE, IDAHO 83709
4.	Management of the limited liability cor	mpany will be vested in:
	Manager(s) or Member(s)	(please check the appropriate box)
5.	If management is to be vested in one address(es) of at least one initial man member(s), list the name(s) and address.  Name	or more manager(s), list the name(s) and ager. If management is to be vested in the ess(es) of at least one initial member.  Address
	RONALD D. LIND	10400 OVERLAND RD PMB 183 BOISE, ID 83
	ROBERT L. LIND	10400 OVERLAND RD PMB 183 BOISE, ID 83
6.	Signature of at least one person responses	onsible for forming the limited liability company:
	Signature:	Secretary of State use only
	Typed Name: RONALD D. LIND  Capacity: MEMBER	anizatoo.
	Oupdoity.	5
	1/KIA2-	TRAMA CEPDETABLY OF STATE
	Signature The Signature	IDAHO SECRETARY OF STATE  ### 02/25/2005 05:0  CK: 2255 CT: 186437 BH: 795
	Signature ROBERT L. LIND Capacity: MEMBER	DAHO SECRETARY OF STATE

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