

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2013 MAY -3 AM 9: 20

Hearold Construction LLC  2. The complete street and mailing addresses of the initial designated office:  208 Heigho New Meadows ID 83654  [Street Address] PO Box 27 New Meadows ID 83654  [Mailing Address, if different than street address of the registered agent:  Trevor Hearold  [Name]  Name  Trevor Hearold  PO Box 27 New Meadows ID 83654  [Street Address]  4. The name and address of at least one member or manager of the limited liability company:  Name  Address  Trevor Hearold  PO Box 27 New Meadows ID 83654  5. Mailing address for future correspondence (annual report notices):  PO Box 27 New Meadows ID 83654  6. Future effective date of filing (optional):  Signature of a manager, member or authorized person.  Signature  Signature  Trevor Hearold  Sacretary of State use only	1.	The name of the limited liability com	npany is:	SECRETATION OF STATE	
2. The complete street and mailing addresses of the initial designated office:  208 Heigho New Meadows ID 83654  [Street Address] PO Box 27 New Meadows ID 83654  (Mailing Address, if different than street address)  3. The name and complete street address of the registered agent:  Trevor Hearold  208 Heigho New Meadows ID 83654  (Name)  4. The name and address of at least one member or manager of the limited liability company:  Name  Address  Trevor Hearold  PO Box 27 New Meadows ID 83654  5. Mailing address for future correspondence (annual report notices): PO Box 27 New Meadows ID 83654  6. Future effective date of filing (optional):  Signature of a manager, member or authorized person.		Hearold Construction LLC		PIME OF EMHO	
PO Box 27 New Meadows ID 83654 (Mailing Address, if different than street address)  3. The name and complete street address of the registered agent:  Trevor Hearold (Name)  208 Heigho New Meadows ID 83654 (Street Address)  4. The name and address of at least one member or manager of the limited liability company:  Name Address Trevor Hearold  PO Box 27 New Meadows ID 83654  5. Mailing address for future correspondence (annual report notices): PO Box 27 New Meadows ID 83654  6. Future effective date of filing (optional):  Signature of a manager, member or authorized person.	2.	The complete street and mailing addresses of the initial designated office:			
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person.	6.	Future effective date of filing (option	oal):		
person.					
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Signature Trevor Hearold  Typed Name: Trevor Hearold			A STATE OF THE STA	Secretary of State use only	
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	Tvt	ped Name: Trever Hearold			
Signature IDAHO SECRETARY OF STATE	Sig	nature		IDAHO SECRETARY OF STATE	
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