

FILED EFFECTIVE



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

10 SEP -1 PM 3:30

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

BEST LAWNS, LLC

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

3018 NORTH BIGROCK PLACE

(Street Address)

MERIDIAN, IDAHO 83646

(Mailing Address, if different than street address)

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

MIKE SCOTT

(Name)

3018 NORTH BIGROCK PLACE, MERIDIAN ID 83646

(Street Address)

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

**Name****Address**

MIKE SCOTT

3018 NORTH BIGROCK PL, MERIDIAN ID 83646

FORREST SCHULTZ

627 MCGLINCHEY AVENUE, MERIDIAN 83646

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

3018 NORTH BIGROCK PLACE, MERIDIAN IDAHO 83646

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

Signature of a manager, member or authorized person.

Signature

Typed Name: MIKE SCOTT

Secretary of State use only

Signature

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

 IDAHO SECRETARY OF STATE  
 09/01/2010 05:00  
 CK: 1073 CT: 250907 BH: 1237301  
 1 @ 100.00 = 100.00 ORGAN LLC # 2