



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

**FILED EFFECTIVE**

**2015 MAR -2 AM 9:57**

**SECRETARY OF STATE  
STATE OF IDAHO**

1. The name of the limited liability company is:

Klairvoyant Lawncare LLC

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

5515 ASBURY WAY Caldwell, ID 83607

(Street Address)

(Mailing Address, if different than street address)

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

COREY ALLEN

(Name)

5515 ASBURY WAY CALDWELL, ID 83607

(Street Address)

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

Name

Address

COREY ALLEN

5515 ASBURY WAY CALDWELL, ID 83607

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

5515 ASBURY WAY CALDWELL, ID 83607

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature

Typed Name: COREY ALLEN

Signature

Typed Name:

Secretary of State use only

IDAHO SECRETARY OF STATE

03/02/2015 05:00

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