

CERTIFICATE OF ORGANIZATED FFECTIVE LIMITED LIABILITY COMPANYS NOV 18 AM 8: 14

(Instructions on back of application) SECRETARY OF STATE

1. The name of the limited liabili	ity company is:
	Mallory Lawn Care, LLC
2. The complete street and mailing	ng addresses of the initial designated/principal office:
20	58 Overland Ave, Burley, ID 83318
(Street Address)	
(Mailing Address, if different than street add	dress)
3. The name and complete stree	t address of the registered agent:
Kevin Mallory	2058 Overland Ave, Burley, ID
(Name)	(Street Address)
 The name and address of at le company: <u>Name</u> Kevin Mallory 	Address
Noviii Maiory	2058 Overland Ave, Burley, ID
	espondence (annual report notices): 8 Overland Ave, Burley, ID 83318 ptional):
Signature of organizer(s). (An organize cting in behalf of a member or members).	
signature Sacraco	Secretary of State use only
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ypeu name.	CK: 31% CT: 231568 BH: 1