

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

12 FEB 13 MM 9: 06

SECPETARY OF STATE

1	The name of	the limited	liability company	is:

1. The name of the limited liab	oility company is:	STATE OF IDEA O		
	YOUR PEST CONTROL LLC			
•	The complete street and mailing addresses of the initial designated office: 379 WEST DRAGON TREE, QUEEN CREEK AZ 85140			
(Street Address)		-		
(Mailing Address, if different than street	address)			
3. The name and complete stre	The name and complete street address of the registered agent:			
DANNY TOLEDO	15 WEST MAIN REXE	BURG, ID 83440		
(Name)	(Street Address)			
The name and address of at company:	t least one member or mana	iger of the limited liability		
Name		Address		
OSCAR TOLEDO	379 W DRAGON TRE	E, QUEEN CREEK AZ 85140		
·····				
5. Mailing address for future co	orrespondence (annual repo	rt notices):		
— ·	15 WEST MAIN REXBURG ID 83440			
6. Future effective date of filing	y (optional):			
Signature of a manager, mem	nber or authorized			
person.		Secretary of State use only		
Signature Lune		,		
Typed Name: ERIC KUNZ				
· ,		IDAHO SECRETARY OF STATE		
Signature		02/13/2012 05:00 CK: 1564 CT: 182361 BH: 1318266		
Typed Name:		1 0 100.00 = 100.00 ORGAN LLC # 2		

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cert_org_lic Rev. 07/2010