

FILED EFFECTIVE



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

09 SEP -2 AM 8:54

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Trinity Tree Care, LLC

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

1260 E. 17th St. Idaho Falls, ID 83404

(Street Address)

(Mailing Address, if different than street address)

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

Justin Andrews

(Name)

1260 E. 17th St. Idaho Falls, ID 83404

(Street Address)

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

Name**Address**

Justin Andrews

1260 E. 17th St. Idaho Falls, ID 83404

Levi Sperl

351 E. 19th St., Idaho Falls, ID 83404

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

1260 E. 17th St. Idaho Falls, ID 83404

6. Future effective date of filing (optional): _____

Signature of organizer(s). (An organizer is a member, or is acting in behalf of a member of members).

Signature

Typed Name: Justin Andrews

Signature

Typed Name: Levi Sperl

Secretary of State use only

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Revised 07/2008
 IDAHO SECRETARY OF STATE
 09/02/2009 05:00
 CK: 1793 CT: 194521 DH: 1185496
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