

Signature:__

Rev. 11/2015

Printed Name:

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

Title 30, Chapters 21 and 25, Idaho Code Filing fee: \$100 typed, \$120 not typed

2016 JUN 30 PM 12: 17

Complete and submit the application in duplicate.

SECRETARY OF STATE STATE OF IDAHD

W168714

The name of the limited liab Able Restoration Services I	LLC
(Remember to include the	words "Limited Liability Company," "Limited Company," or the abbreviations L.L.C., LLC, or LC)
The complete street and ma	ailing addresses of the principal office is:
3154 E Leslie Dr. Meridian,	, ID 83646
(Streat Address)	
(Mailing Address, if different)	
The name of the registered	agent and street address of the registered agent:
Tiffany Casequin	3154 E Leslie Dr Meridian, ID 83646
(Name)	(Address cannot be a post office box or postal mail box)
The name and address of a	it least one governor of the limited liability company:
Tiffany Casequin	3154 E Leslie Dr Meridian, ID 83646
(Name)	(Address)
•	y sacrification
Mailing address for future c	orrespondence (annual report notices):
3154 E Leslie Dr Meridian I	ID 83646
(Address)	
ature of organizer(s).	Secretary of State use only
ature: 1120 all all	ALLW IDAHO SECRETARY OF STATE
Harris	06/30/2016 05:00
ed Name: THUNUL	CK: 3993832 CT: 172099 BH: 1535