

## **CERTIFICATE OF ORGANIZATION** LIMITED LIABILITY COMPANY

FILED

(Instructions on back of application)

2012 NOV -8 AM 10: 14 SECRETARY OF STATE

1.	The name of the limited liability company is:			
Northern Home Improvement Co. LLC.				
2.	The complete street and mailing addresses of the initial designated office:  468 W. Orchard Ave. #304 Nampa, ID. 83651-1965  (Street Address)			
	(Mailing Address, if different than street address)			
3.	The name and complete street address of the registered agent:			
	Melissa S. Robinson	468 W. Orchard Ave. #304 Nampa, ID. 83651-1965		
	(Name)	(Street Address)		
4.	The name and address of at least one member or manager of the limited liability company:			
	<u>Name</u>	Address		
	Melissa S. Robinson	468 W. Orchard Ave. #304 Nampa, ID. 83651-1965		
5	Mailing address for future correspondence (annual report notices):			
468 W. Orchard Ave. #304 Nampa, ID. 83651-1965			•	
6. Future effective date of filing (optional): 11-09-2012				
Si	gnature of a manager, member or	authorized		
•	erson.		Secretary of State use only	
Si	gnature Whitessy D. Robin	sor)		
Typed Name: Melissa S. Robinson				
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Si	gnature		CK: 1190843 CT: 172099 BH: 1346955 1 @ 100.00 = 100.00 ORGAN LLC # 2	
	med Name:			

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