



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

Title 30, Chapters 21 and 25, Idaho Code

Filing fee: \$100 typed, \$120 not typed

Complete and submit the application in duplicate.

FILED EFFECTIVE
2016 JAN 15 AM 8:29
SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

All Seasons Cleaning LLC

(Remember to include the words "Limited Liability Company," "Limited Company," or the abbreviations L.L.C., LLC, or LC)

2. The complete street and mailing addresses of the principal office is:

106 E. Whiteley Ave Council ID 83612

(Street Address)

P.O. Box 21 Council ID 83612

(Mailing Address, if different)

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

Krista Hoxie

106 E. Whiteley Ave Council ID 83612

(Name)

(Address)

4. The name and address of at least one governor of the limited liability company:

Krista Hoxie

106 E Whiteley Ave Council ID 83612

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

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

P.O. Box 21 Council ID 83612

(Address)

Signature of organizer(s).

Printed Name: Krista Hoxie

Signature: Krista Hoxie

Printed Name: _____

Signature: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

01/15/2016 05:00

CK:ND CK# CT:319046 BH:1508997
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