

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

## FILED EFFECTIVE

11 JAN 21 AM 8:41

(Instructions on back of application)

SECRE BY OF STATE

The name of the limited liability co  ANDR	ompany is: STATE OF IDAHO  RE STITES LAWNCO LLC
	ddresses of the initial designated/principal office:
(Street Address)	
(Mailing Address, if different than street address)	
3. The name and complete street add	dress of the registered agent:
ANDRE STITES	614 CREEKSIDE LN, SANDPOINT ID 83864
(Name)	(Street Address)
The name and address of at least company:	one member or manager of the limited liability
<u>Name</u>	<u>Address</u>
ANDRE STITES	614 CREEKSIDE LN, SANDPOINT, ID 83864
5. Mailing address for future correspond	ondence (annual report notices):
614 CREEKSIDE LN, SANDPOINT, ID	83864
6. Future effective date of filing (option	onal):
Signature of a manager, member of	or authorized
person.	Secretary of State use only
Signature & Sleaf A	
Typed Name: ANDRE STITES	
= <del></del>	IDAHO SECRETARY OF STATE
Signature	191 / N 1 / N A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A
Typed Name:	1 0 188.00 = 100.00 GRGAN LLC # 2

W99819

Typed Name: