

## **CERTIFICATE OF ORGANIZATION** LIMITED LIABILITY COMPANY, JAN 28 AM 8: 34

(Instructions on back of application)

1. The name of the limited liability of	ompany is: SECRETARY OF STATE STATE OF IDAHO
	Angle Contracting LLC
The complete street and mailing a     2120 Powers Ave., Lewiston, ID 83501	addresses of the initial designated/principal office:
(Street Address)	
(Mailing Address, if different than street address)	)
3. The name and complete street ad	dress of the registered agent:
Steven Dale	2120 Powers Ave., Lewiston, ID 83501
(Name)	(Street Address)
The name and address of at least company:	one member or manager of the limited liability
<u>Name</u>	Address
Steven Dale	2120 Powers Ave., Lewiston, ID 83501
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5. Mailing address for future correspondent	ondence (annual report notices):
2120 Powers Ave., Lewiston, ID 83501	
6. Future effective date of filing (option	onal):
Signature of a manager, member of person.	or authorized
person. $C+A$	or authorized Secretary of State use only
person.  Signature <u>Stoven Dake</u>	
person. $C+A$	
person.  Signature Stoven Dake	

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