

Signature__

Typed Name: _____

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2011 MAY 27 PM 2: 06

he name of the limited liabili	ity company is: STATE OF IDAHO Choice Professional Cleaning LLC
The complete street and maili 1856 W Sandalwood Dr Meridian,	ng addresses of the initial designated/principal office
(Street Address)	
(Mailing Address, if different than street ad	dress)
The name and complete stree	et address of the registered agent:
Bethany Wigle	1856 W Sandalwood Dr Meridian, ID 83646
(Name)	(Street Address)
company:	east one member or manager of the limited liability Address
Name	
Bethany Wigle	1856 W Sandalwood Dr Meridian, ID 83646
Morgan Wigle	1856 W Sandalwood Dr Meridian, ID 83646
	······································
Mailing address for future corr	respondence (annual report notices):
1856 W Sandalwood Dr Meridian,	ID 83646
Future effective date of filing (optional):
	and the stand
nature of a manager, memb son.	er or authorized
7	Secretary of State use only
nature TUNAWAMA	<u> </u>
ed Name: Bethanly No	1910

cert_org_lic Rev. 07/2010

IDAHO SECRETARY OF STATE

05/27/2011 05:20

CK: 2228 CT: 257577 BH: 1275828
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