

Signature ____

Typed Name: ___

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

180			IT JAN 20 MM
TE T	(Instructions on ba	ck of application)	THE STATE
1.	The name of the limited liability of	company is:	SECRETARY OF STATE STATE OF IDAHO
	•	ED DRYWALL CONCEPTS	
2	The complete street and mailing addresses of the initial designated/principal office:		
	5775 SAGLE ROAD, SAGLE, ID 83860		
	(Street Address) P.O. BOX 2602, SANDPOINT, ID 83864		
	(Mailing Address, if different than street address)		
3.	The name and complete street address of the registered agent:		
	ADAM HALL	5775 SAGLE ROAD, S	SAGLE, ID 83864
	(Name)	(Street Address)	
4.	The name and address of at least one member or manager of the limited liability company: Name Address		•
	ADAM HALL	5775 SAGLE ROAD,	
5.	Mailing address for future corresp P.O. BOX 2602, SANDPOINT, ID 838	,	t notices):
6.	Future effective date of filing (opti	ional):	
-	nature of a manager, member son.	or authorized	
•			Secretary of State use only
_	nature ADAM HALL	1	
Тур	ped Name: ADAM HALL		

IDAHO SECRETARY OF STATE
01/28/2011 05:00
CK: 2586 CT: 254852 BH: 1257420
1 8 188.00 = 188.80 ORGAN LLC # 2

W99986