

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

08 OCT -9 AM 9: 32

1. The name of the limited liability compar	ny is: SECRETARY OF STATE STATE OF IDAHO
	overing & Home Repair, LLC
•	sses of the initial designated/principal office: nue Deary, ID 83823
(Street Address)	53 Deary, ID 83823
(Mailing Address, if different than street address)	
3. The name and complete street address	of the registered agent:
Mark S. Moorer, Attorney	113 N. Jackson Moscow, ID 83843
(Name) (S	Street Address)
The name and address of at least one company:	member or manager of the limited liability
<u>Name</u>	Address
Jon J. Butler	604 6th Avenue Deary, ID 83823
5. Mailing address for future corresponde P.O. Box 2	nce (annual report notices): 253 Deary, ID 83823
6. Future effective date of filing (optional):	•
ignature of organizer(s). (An organizer is a me	ember, or is
cting in behalf of a member or members).	Secretary of State use only
ignature on Buttle	Gradus Secretary or State and String
yped Name: Jon J. Butler	
ianat ro	07/2008
ignature	IDAHO SECRETARY OF STAT
yped Name:	IDAHO SECRETARY OF STATE

