

Signature

Typed Name: Ben Eskelsen

## **CERTIFICATE OF ORGANIZATION** LIMITED LIABILITY COMPANY 11 007 -3 AM 9: 09

FILED EFFECTIVE

STET OF	(Instructions on bac	k of application)
1. TI	he name of the limited liability co	ompany is:  SECRETARY OF STATE  STATE OF IDAHO
	Blinds	and Shutters of Idaho, LLC
3	he complete street and mailing ac 390 W 13th st, Idaho Falls, ID 83402 Street Address)	ddresses of the initial designated/principal office:
7	(Mailing Address, if different than street address)	
	he name and complete street add	
J	no namo ana oompioto otroct ado	
_	Ben Harward	2001 S Bellin Rd, Idaho Falls, ID 83402
7	(Name)	(Street Address)
_	Name Ben Harward	Address 2001 S Bellin Rd, Idaho Falls, ID 83402
_E	Ben Eskelsen	1548 Woodruff Ave, Idaho Falls, ID 83404
_		
_		<u> </u>
-		
5. M	ailing address for future correspo	ondence (annual report notices):
3	390 W 13th st, Idaho Falls, ID 83402	
6 F:	uture effective date of filing (optio	inal):
0. 11	uture enective date or ming (optio	//Idi/,
Signa persor	ture of a manager, member o	r authorized
	1 the	Secretary of State use only
Signat		
Typed	Name: Ben Harward	·
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IDAHO SECRETARY OF STATE 10/03/2011 05:00 CK: 504 CT: 262949 BH: 1292759 1 2 180.06 = 100.00 ORGAN LLC # 2