



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

2014 APR -2 AM 9: 04

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Alisa's Absolute Cleaning LLC

2. The complete street and mailing addresses of the initial designated office:

700 Broadway Ave N, Buhl ID 83316

(Street Address)

(Mailing Address, if different than street address)

3. The name and complete street address of the registered agent:

Alisa Wall

(Name)

700 Broadway Ave N, Buhl ID 83316

(Street Address)

4. The name and address of at least one member or manager of the limited liability company:

Name

Address

Alisa Wall

700 Broadway Ave N, Buhl ID 83316

5. Mailing address for future correspondence (annual report notices):

700 Broadway Ave N, Buhl ID 83316

6. Future effective date of filing (optional): _____

Signature of a manager, member or authorized person.

Signature

Typed Name: Alisa Wall

Signature

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
04/02/2014 05:00
CK: 1003 CT: 295126 BH: 1418275
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