



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

08 SEP 15 AM 8:29

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

MOW LAWNER LLC

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

4770 COMANCHE POCATELLO ID 83204

(Street Address)

(Mailing Address, if different than street address)

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

Tori Parkin

(Name)

4770 Comanche Pocatello Id 83204

(Street Address)

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

Name

Address

Tori Parkin

4770 Comanche Pocatello Id 83204

Heather Parkin

4770 Comanche Pocatello Id 83204

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

4770 Comanche Pocatello Id 83204

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

Signature of organizer(s). (An organizer is a member, or is acting in behalf of a member or members).

Signature

Tori Parkin

Typed Name:

Tori Parkin

Signature

Heather Parkin

Typed Name:

Heather Parkin

Secretary of State use only

W77703

IDAHO SECRETARY OF STATE
09/15/2008 05:00
CK: 4523 CT: 229783 BH: 1135759
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