

## **ARTICLES OF ORGANIZATION** LIMITED LIABILITY COMPANY

| LIN  | (Instructions on back  | TY COMPANY k of application)      | SECTOR DEC 28 PM<br>SECTOR DAY                |
|--|--|-----------------------------------|---|
| 1. The name of   | the limited liability com  | npany is:                         | STATE CASE                                    |
| Premier Pro  | perty Inspections, LLC   | 2                                 | UAJ   |
| 2. The street add  | dress of the initial regis   | stered office is:                 |   |
| 2800 Falling   | Brook Way, Boise, Id   | laho 83706                        |   |
| and the name<br>Jerry Highle   |  | d agent at the above address      | is:   |
| 3. The mailing ac  | ddress for future corres   | spondence is:                     |   |
| 2800 Falling   | Brook Way, Boise, Id   | aho 83706                         |   |
| 4. Management  | of the limited liability co  | ompany will be vested in:         |   |
| Manager(s)   | ✓ or Member(s)   | (please check the appropriate box | 1   |
| Jerry Highley  | Name<br>,  |                                   | dress   |
|  |  | 2000 Ealling Dead, Mar.           | D-! 111 00700                                 |
| ochy riigilie  |  | 2800 Falling Brook Way,           | Boise, Idaho 83706                            |
|  |  | 2800 Falling Brook Way,           | Boise, Idaho 83706                            |
| Corry ringrilles   |  | 2800 Falling Brook Way,           | Boise, Idaho 83706                            |
| S. Signature of at   | least one person resp  | onsible for forming the limite    | d liability company:                          |
| S. Signature of at Signature:  | least one person respondency Highley   | onsible for forming the limite    |   |
| S. Signature of at   | least one person respondency Highley   | onsible for forming the limite    | d liability company:                          |
| Signature of at Signature:  Typed Name: \( \frac{1}{2} \)  Capacity: Mana              | least one person responding the state of the | onsible for forming the limite    | d liability company:                          |
| S. Signature of at Signature:  Typed Name: \( \frac{1}{2} \)  Capacity: Mana Signature | least one person respondency Highley   | onsible for forming the limited   | d liability company: Tetary of State use only |