



STATEMENT OF CONVERSION

Pursuant to § 30-22-405, Idaho Code

Base Filing fee: \$30.00 + \$20.00 for manual processing (form must be filed)

For Office Use Only

-FILED-

File #: 0004410079

Date Filed: 9/7/2021 1:49:00 PM

Note: Conversion documents are complex. Please seek appropriate legal and/or financial advice before making this important business decision.

1. CONVERTING ENTITY:

Name: Northwest Disaster Restoration, Inc.

Jurisdiction: Idaho

Type: Corporation

(Corporation, Limited Liability Company, Limited Partnership, etc...)

☒ This is a domestic entity, and this plan of conversion was approved in accordance with § 30-22-403, Idaho Code.

This is a foreign entity, and this plan of conversion was approved in accordance with the law of its jurisdiction of formation.

2. CONVERTED ENTITY:

Name: Burke's Restoration, LLC

Jurisdiction: Idaho

Type: LLC

(Corporation, Limited Liability Company, Limited Partnership, etc...)

- ☒ a. If this is a **domestic** entity or domestic limited liability partnership, please attach a copy of the entity's public organic record, or statement of qualification.
- ☐ b. If this is a **foreign** entity please designate a registered agent in the space provided:

(Registered Agent Name & Physical Address)

3. EFFECTIVE DATE OF CONVERSION:

☒ Effective upon filing

☐ Effective on future date: _____

(Enter date -- not more than 90 days in the future)

Printed Name: Gerald W. Burke

Capacity: President

Signature: _____

DocuSigned by:
Gerald W. Burke

Secretary of State use only



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

Title 30, Chapters 21 and 25, Idaho Code

Base Filing fee: \$100.00 + \$20.00 for manual processing (form must be typed).

1. The name of the limited liability company is:

Burke's Restoration, LLC

(Remember to include the words "Limited Liability Company," "Limited Company," or the abbreviations L.L.C., LLC, or LC.)

2. The complete street and mailing addresses of the principal office is:

3880 W. Riverbend Ave., Post Falls, ID 83854

(Street Address)

(Mailing Address, if different)

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

Eleven-Fourteen, Inc.

608 Northwest Blvd, Ste. 300, Coeur d'Alene, ID 83815

(Name)

(Address)

4. The name and address of at least one governor of the limited liability company:

Gerald W. Burke

3880 W. Riverbend Ave., Post Falls, ID 83854

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

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

3880 W. Riverbend Ave., Post Falls, ID 83854

(Mailing Address)

Signature of organizer(s).

Printed Name: **Gerald W. Burke**

Signature: _____

DocuSigned by:

Gerald W. Burke

802408A00EDF404

Printed Name: _____

Signature: _____

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