

## **CERTIFICATE OF ORGANIZATION** LIMITED LIABILITY COMPANY

(Instruct	ions on back of application)	SECRETARY O
. The name of the limite	d liability company is:	STATE OF IL
Ryan Summers Constructi	ion, L.L.C.	
	d mailing addresses of the init	ial designated office:
136 N 70 E Malad, ID 832	52	
(Street Address)		
(Mailing Address, if different than	street address)	11-11-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-
The name and complet	e street address of the registe	red agent:
Ryan Summers	136 N 70 E Malad,	ID 83252
(Name)	(Street Address)	
company: Name Ryan Summers	136 N 70 E Malad,	Address ID 83252
	· · · · · · · · · · · · · · · · · · ·	
. Mailing address for futu	re correspondence (annual re	port notices):
136 N 70 E Malad, ID 832	•	,
. Future effective date of	filing (optional):	
anatura of a manager	mambar ar authorized	
gnature of a manager, prson.	member or authorized	
	-	Secretary of State use only
gnature		IDAHO SECRETARY OF ST
ped Name: Ryan Summer	<u>s</u>	05/07/2015 05:
		CK:1872 CT:309959 BH:: 10 100.00 = 100.00 ORGA
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Typed Name: