



## STATE OF IDAHO

*Office of the secretary of state, Phil McGrane*  
**CERTIFICATE OF ORGANIZATION LIMITED  
LIABILITY COMPANY**

Idaho Secretary of State  
PO Box 83720  
Boise, ID 83720-0080  
(208) 334-2301  
Filing Fee: \$100.00

*For Office Use Only*

-FILED-

File #: 0005917544

Date Filed: 10/2/2024 3:42:28 PM

| Certificate of Organization Limited Liability Company   |   |      |         |                          |   |
|---|---|------|---------|--------------------------|---|
| Select one: Standard, Expedited or Same Day Service (see descriptions below)  |   |      |         |                          |   |
| Standard (filing fee \$100)   |   |      |         |                          |   |
| 1. Limited Liability Company Name   |   |      |         |                          |   |
| Type of Limited Liability Company   | Limited Liability Company   |      |         |                          |   |
| Entity name   | Anthony's Paint and Stain llc   |      |         |                          |   |
| 2. The complete street address of the principal office is:  |   |      |         |                          |   |
| Principal Office Address  | 23913 FREEZOUT RD<br>CALDWELL, ID 83607   |      |         |                          |   |
| 3. The mailing address of the principal office is:  |   |      |         |                          |   |
| Mailing Address   | 823 ARTHUR ST<br>CALDWELL, ID 83605-3774  |      |         |                          |   |
| 4. Registered Agent Name and Address  |   |      |         |                          |   |
| Registered Agent  | Registered Agent<br>Anthony W Thompson<br>Physical Address:<br>23913 FREEZEOUT RD<br>CALDWELL, ID 83607<br>Mailing Address:<br>823 ARTHUR ST<br>CALDWELL, ID 83605-3774 |      |         |                          |   |
| <input checked="" type="checkbox"/> I affirm that the registered agent appointed has consented to serve as registered agent for this entity.  |   |      |         |                          |   |
| 5. Governors  |   |      |         |                          |   |
| <table border="1"> <thead> <tr> <th>Name</th> <th>Address</th> </tr> </thead> <tbody> <tr> <td>Anthony William Thompson</td> <td>823 ARTHUR ST<br/>P.O. BOX 984<br/>CALDWELL, ID 83605</td> </tr> </tbody> </table> |   | Name | Address | Anthony William Thompson | 823 ARTHUR ST<br>P.O. BOX 984<br>CALDWELL, ID 83605 |
| Name  | Address   |      |         |                          |   |
| Anthony William Thompson  | 823 ARTHUR ST<br>P.O. BOX 984<br>CALDWELL, ID 83605   |      |         |                          |   |
| Signature of Organizer:   |   |      |         |                          |   |
| <i>Anthony William Thompson</i>   |   |      |         |                          |   |
| <input type="checkbox"/> Sign Here  |   |      |         |                          |   |
| 10/02/2024  |   |      |         |                          |   |
| Date  |   |      |         |                          |   |