

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY 2014 OCT 30 AM 8: 46

| <u>₹</u> 91 | (instructions o | n back of application | SECRETARY OF STATE STATE OF IDAHO | |
|-----------------|--|---------------------------------------|--|--|
| 1. The nam | e of the limited liabi | lity company is: | SIMIL OF IDAHO | |
| Cornerst | one Exteriors, LLC | | | |
| 2. The com | ne complete street and mailing addresses of the initial designated office: | | | |
| 761 N. T | homton Street, Post Fall | ls, ID 83854 | | |
| (Street Add | ress) | | | |
| (Mailing Ad | dress, if different than street a | iddress) | | |
| B. The nam | e and complete stre | et address of the reg | istered agent: | |
| Jeremy J | I. Brennan | 761 N. Thom | 761 N. Thornton Street, Post Falls, ID 83854 | |
| (Name) | | (Street Address) | | |
| The nam company | | least one member o | r manager of the limited liability Address | |
| .leremy . | J. Brennan | 761 N. Thorns | 761 N. Thornton Street, Post Falls, ID 83854 | |
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| i Mailing s | address for future co | rrespondence (annu | al report notices): | |
| _ | nornton Street, Post Fall | · · · · · · · · · · · · · · · · · · · | ar report riouses). | |
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| 3. Future e | ffective date of filing | (optional): | | |
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| ignature o | f a manager, mem | ber or authorized | · | |
| erson. | 1 - 11 | / | Secretary of State use only | |
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| signature | Michael R. Jones, O | rganizer | IDAHO SECRETARY OF ST 10/30/2014 05: | |
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| Signature | | | 16 100.00 = 100.00 ORGA | |
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