

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

09 APR -1 AM 8: 35

1. The name of the limited liability con	mpany is: STATE STATE
All Might	ty Painting & Cleaning, LLC.
2. The complete street and mailing ad	Idresses of the initial designated/principal office:
	hestnut St, Troy ID 83871
(Street Address) P.O.	Box 701, Troy !D 83871
(Mailing Address, if different than street address)	
3. The name and complete street add	ress of the registered agent:
Stephanie A. Becker	510 Chestnut St, Troy ID 83871
(Name)	(Street Address)
company:	one member or manager of the limited liability
Storborio A. Booker	Address 510 Chestnut St, Troy ID 83871
Stephanie A. Becker	5 TO CHESTRIC St. 1709 ID 6367 I
5. Mailing address for future correspondence P.O.	ndence (annual report notices): Box 701, Troy ID 83871
6. Future effective date of filing (option	nal):
Signature of organizer(s). (An organizer is	a member or is
acting in behalf of a member or members).	
At 1. C.B	Secretary of State use only
Signature Suplom (1, 1)	CKOC BO
Typed Name: Stephania A. Bo	
Olimin artisma	
Signature	IDAHO SECRETARY OF STATE
Typed Name:	IDAHO SECRETARY OF STATE  94/91/2009 05:00  CK: 1006 CT: 235672 BH: 1163904  1 0 100.88 = 100.00 ORBAN LLC II

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