251

EILED EFFECTIVE



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

2014 SEP -2 PM 2: 21

	(Instructions on bac	k of application)	SECRETARY OF STATE STATE OF IDAHO
1. The nar	ne of the limited liability co	mpany is:	• • • • • • • • • • • • • • • • • • • •
	Summit Cus	atom Finishing and Pa	inting, LLC
2. The con	opiete street and mailing ac	ddresses of the in	tial designated/principal office:
<u> </u>		rothy Street, Shoshoi	ne, ID 83352
(Street Ad	P.O. Bo	x 232, Shoshone, ID	83352
	ddress, if different than street address)		
3. The nan	ne and complete street add	lress of the registe	ered agent:
	Tamara Gage	316 North Do	rothy Street, Shoshone, ID 83352
(Name)		(Street Address)	
4. The nan compan	ne and address of at least on the set of a set least	m rc redmem eno	anager of the limited liability Address
• • • • • •	Tamara Gage	316 North Do	prothy Street, Shoshone, ID 83352
b. Walling :	address for future correspo	ndence (annual re x 232, Shoshone, ID	
3. Future e	ffective date of filing (optio		00002
ignature of	organizer(s). (An organizer is f of a member or members).	a member, or is	
_		OW.	Secretary of State use only
	Tamafa Gage		IDAHO SECRETARY OF STA
уреч мате	a: Tamafa Gage	Scribbringk.LC Remisions. org. inc.PMD Revised 07/2006	09/02/2014 05:0 CK:2186814 CT:172099 BH:
ignature_		ז מומט ד מומט ד	10 100.00 = 100.00 ORGAN
yped Name	9:	planning	16 20.00 = 20.00 EXPEDIT
		§	

W141653