

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2015 APR 28 AM 8: 14

CEPDETADU OF AT

I. The name of the limited lia	bility company is:	STATE OF IDAHO	
Deane Contracting, LLC The complete street and management of the comp	•	e initial designated office:	
(Street Address)			
(Mailing Address, if different than stree	nt address)	<u> </u>	
The name and complete st	reet address of the re	gistered agent:	
Wesley Adam Deane	17195 N Arm	17195 N Armstead Ave, Nampa ID 83687	
(Name)	(Street Address	(Street Address)	
. The name and address of a company:	at least one member o	or manager of the limited liability	
Name		Address	
Wesley Adam Deane	17195 N Arm	stead Ave, Nampa ID 83687	
Joshua Garrett Deane	17195 N Am	stead Ave, Nampa ID 83687	
A CONTRACTOR OF THE PROPERTY O			
. Mailing address for future of 17195 N Armstead Ave, Namp	•	ual report notices):	
. Future effective date of filin	g (optional):		
ignature of a manager, me erson.	mber or authorized		
		Secretary of State use only	
gnature		IDAHO SECRETARY OF STATE	
ped Name: Wesley Adam Dead	ne	04/28/2015 05:00	
		CK:106 CT:309554 BH:147295 16 100.00 = 100.00 ORGAN LLC	
gnature		16 20.00 = 20.00 EXPEDITE C	
yped Name:			

W150886