



CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

NOV 28 AM 10:04

(Instructions on back of application)

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

D and E landscape and Sprinklers

2. The complete street and mailing addresses of the initial designated office:

LLC

5787W Guido Lane

(Street Address)

Nampa, Id. 83687

(Mailing Address, if different than street address)

3. The name and complete street address of the registered agent:

Delores Reed

(Name)

5787 W Guido Lane

(Street Address)

Nampa, Idaho

4. The name and address of at least one member or manager of the limited liability company:

Name

Address

Delores J Reed

5787W Guido Ln, Nampa

Efren Felix

5787 w Guid Ln, Nampa

5. Mailing address for future correspondence (annual report notices):

5787 W Guido Ln, Nampa, Id

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature Delores J Reed
Typed Name: Delores J. Reed

Signature _____
Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
11/28/2011 05:00
CK: CASH CT: 191754 BH: 1299410
1 @ 100.00 = 100.00 ORGAN LLC # 2

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