

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

09 JUN 17 AM 10: 27

(Instructions on back of application)

SECRETARY	OF	STATE
STATE OF	ID/	∖HO

. The name of the limited liability con	npany is:		STATE OF		
Gra	anite Structure	es, LLC			
. The complete street and mailing add	dresses of t	he initial c	lesignated/princi	pal office:	
3786 N. Huetter Rd.,					
(Street Address)	660, Post Fall	s Idaho 83	877		
(Mailing Address, if different than street address)	000, 1 00(1 0	<u> </u>			•
The name and complete street addr	ess of the r	egistered	agent:		
Dowayne Barlow	1869 E.	Seltice Wy	#350, Post Falls, Id	aho 83854	
(Name)	(Street Addre			•	•
. The name and address of at least o company:	ne member	or manag	er of the limited	liability	
<u>Name</u> Dowayne Barlow	1869 E.	Seltice Wv	#350, Post Falls, Id	aho 83854	
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. Mailing address for future correspor					
P. O. Box 1	660, Post Fal	is, idano os	9011		•
. Future effective date of filing (option	nai)·				. •
. Tutale ellectre date of liming (option					
gnature of organizer(s). (An organizer is a	a member, or i	S			
ting in behalf of a member or members).			Secretary of State	LIES ONLY	
Souraine B	solas	OM93	Secretary or State	use only	
ignature Dowayne Barlow	7,,,,	oformstutc formstoart org. Itc PMID Revised 07/2008			
yped Name:Dowayne Barlow		ns/cert 18			
		7720d	IDANO S	ECRETARY OF STA	TE
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