

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

11 MAR 21 AM 9:09

	EIWITED LIABILIT	COMPANI	Question
V ± 01	(Instructions on back	of application)	SECTION OF STATE OF IDAHO
1. Th	ne name of the limited liability com	pany is:	or IUAFIO
	MCRAE PAY	/ING & SEALCOATING LLC	
	ne complete street and mailing add	resses of the initial desig	nated/principal office:
(§	Street Address)		
(1)	Mailing Address, if different than street address)		
3. Th	The name and complete street address of the registered agent:		
K	ELVIN J MCRAE	1024 E BUTTE RD MENAN,	ID 83434
1)	Name)	(Street Address)	
	The name and address of at least one member or manager of the limited liability company:		
	<u>Name</u>	Add	<del></del>
<u> </u>	ELVIN J MCRAE	1024 E BUTTE RD MENAN,	ID 83434
_			
_			<u></u>
_			
_			
	ailing address for future correspond	dence (annual report notic	ces):
1	024 E BUTTE RD MENAN, ID 83434		
6. Fu	ture effective date of filing (optiona	al):	<u> </u>
	ture of a manager, member or	authorized	
person	ı. 	, S	ecretary of State use only
Signati	ure Klin J Mi	Man 1	
_	Name: KELVIN J MCRAE		
. ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Signati	ure		TIMEN CORPETADY OF STATE
	Name:		IDANO SECRETARY OF STATE 03/21/2011 05:00
. بادر		<del></del>	CK: 2112 CT: 256775 BH: 1265257

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