| . | | | | FILED EFFECTIV | /E | |
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| 251 | CI II Title Fillin | ERTIFICATE O MITFD I IARII I a 30, Chapters 21 and 25 ng fee: \$100 typed, \$120 nplete and submit the app | iTY COMΡΔI 5, Idaho Code not typed | ATION | | |
| 1. | The name of the limited liability company is: Bergen Certified Inspections, LLC | | | | | |
| с. 4. Ал | The complete 1810 E. Schr | (Remember to include the words "Limited Liability Company," "Limited Company," or the abbreviations L.L.C., LLC, or LC) The complete street and mailing addresses of the principal office is: 1810 E. Schneidmiller Ave. Suite 301, Post Falls, ID 83854 (Street Address) | | | | |
| 2 | PO Box 2402, Post Falls, ID 83877 (Mailing Address, if different) | | | | | |
| 3 . | Jonathon Fra | | 1810 E. Schneidmiller Ave. Suite 301, Post Falls, ID 83854 | | | |
| 4. | The name and address of at least o Steve Chase | | PO Box 2402, Post Falls, ID 83877 | | | |
| 2 23 | (Name) | | (Address) | | | |
| | (Name) (Addroce) | | | | | |
| 5. | | ss for future correspon , Post Falls, ID 83877 | (Address) | ort notices): | | |
| Sig | inature of organ | zer(s). | (| Secretary of State use only | | |
| tirii Sig | nature: nted Name: nature: nted Name: | athon Frantz | | IDAHO SECRETARY OF STATE 02/27/2017 05:00 CK:12960432 CT:172099 BH:15 16 100.00 = 100.00 ORGAN LI 16 20.00 = 20.00 EXPEDITE | LC #2 | |
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