

## **CERTIFICATE OF ORGANIZATION** LIMITED LIABILITY COMPANY

SECRETARY OF STATE

<b>₹01</b>	(Instructions on back o	t applicatio	n)	STATE OF STATE
1. The nam	e of the limited liability comp	any is:		STATE OF IDAHO
AR	OD CONSTRUCT	ion U		
2. The com	plete street and mailing addre	esses of th	e initial design	ated office:
(Street Add	95 S Yarrow	Ave	Boise ID	837/6
(Mailing Add	dress, if different than street address)	,		
3. The name	e and complete street addres	s of the re	gistered agent	
(Name)	thony fodriguez	5145 (Street Address)	S Verrow	Ave Boisc ID 83711
4. The name company:	e and address of at least one	member o	r manager of t	he limited liability
<i>l</i> 11	Name y loch: your	P . C . F	Addre:	<u>ss</u>
Anthon	y lodriuscz -	5195	J Yorran	837/6
				03/12
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			- l	
•	Idress for future corresponde	•	-	
145	S Yamous Ave	_ Wisc	<u>пр 857</u>	
6. Future effe	ective date of filing (optional):			
Di				
Signature of person.	a manager, member or au	itnorizea		
	1400		Secr	etary of State use only
Signature / _/				
Typed Name:	Anthony M Locking	122		
Signature				IDAHO SECRETARY OF STATE
Гуреd Name:			CK:	5/06/2013 05:00 1389204 CT: 172099 BH: 137264 190.00 = 100.00 ORGAN LLC # 2
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