

CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY APR 16 AM 8:51

(Instructions on back of application)

<u> </u>	(Instructions on back	corapplication)	
1. T	he name of the limited liability con	SECRETARY OF STATE STATE OF IDAHO	
	\sim \sim \sim)))))))))))))))))))	
	Modern Construction		
2. T	The complete street and mailing addresses of the initial designated office:		
	3255 Woodmont Dr Meridian ID 83646		
	(Street Address)		
	(Mailing Address, if different than street address)		
3. T	The name and complete street address of the registered agent:		
	Jeremy Haile	3255 Woodmont Dr	
	(Name)	(Street Address)	
	Jeremy Haile Lael Haile	Address 3255 Woodmont Dr Meridian ID 83646 3255 Woodmont Dr Meridian ID 83646	
	Mailing address for future correspor 3255 Woodmont Dr Mendian iD 83646	ndence (annual report notices):	
6. F	uture effective date of filing (option	nal):	
Signa perso	ature of a manager, member or	authorized	
	11	Secretary of State use only	
Signa Type	d Name: Lact Hair	10AHO SECRETARY OF STATE 04/16/2015 05:00	
		CK:1305 CT:309085 BH:1471	

W150524

1@ 100.00 = 100.00 ORGAN LLC #2

Signature____

Typed Name: _____