

Signature__

Typed Name:

CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

(Instructions on back of application)

10 APR 19 AM 11: 33

W92600

1. The name of the limited liability com	pany is: RMC Solutions LLC	SECRETARY OF STATE STATE OF IDAHO
2. The complete street and mailing add	resses of the initial designa	ated/principal office:
136 North Bank Road, Pinehurst, ID 83850		
(Street Address)		
(Mailing Address, if different than street address)		the state of the s
3. The name and complete street addre	ess of the registered agent:	4.1
Judith A. Rogers	136 North Bank Road, P	inehurst ID 83850
(Name)	(Street Address)	morato, to cook
	,	
The name and address of at least on company:	ne member or manager of t	he limited liability
Name	Addres	18
Judith A. Rogers	136 North Bank Road, F	
		<u> </u>
	, , , , , , , , , , , , , , , , , , ,	
5. Mailing address for future correspond	dence (annual report notice	es):
136 North Bat	nk Road, Pinehurst, ID 83850	
6. Future effective date of filing (options	al):	
Signature of organizer(s). (An organizer is a	member or is	
acting in behalf of a member or members).		
		retary of State use only
Signature		
Typed Name: Judith(A. Rogers	Dert_crg_Hc.P.MD	
		Though Conditions of Chare