ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

63 OCT 30 PH 12: 47

2 OT 18	(Instructions on back of a	ipplication)		ATA OF OF STANDERS STANDERS OF STANDERS	ΊE
1. The n	name of the limited liability company	y is:			
	n's Floor Covering, LLC				
	street address of the initial registere	ed office is:			
	7 Creekside Place, Nampa, ID 836				
and t	the name of the initial registered ag	ent at the abov	ve address i	is:	
	n Haragos			•	
	mailing address for future correspo	ndence is:			
	nagement of the limited liability com	pany will be ve	sted in:		
				()	
	nager(s) v or Member(s)				
	nanagement is to be vested in one o	r more manage	er(s), list the	e name(s) and	
5. If m add mei	nanagement is to be vested in one o dress(es) of at least one initial mana mber(s), list the name(s) and addre	ager. If manage ess(es) of at lea	ement is to t ast one initia	be vested in the al member.	
5. If m add mei	dress(es) of at least one initial mana mber(s), list the name(s) and addre	ager. If manage ess(es) of at lea	ast one initia	be vested in the al member. ddress	
add mei	dress(es) of at least one littlet mane mber(s), list the name(s) and addre Name	ess(es) of at lea	ast one initia	al member. ddress	
add mei	dress(es) of at least one littla mane mber(s), list the name(s) and addre	ess(es) of at lea	ast one initia	al member.	
add mei	dress(es) of at least one littlet mane mber(s), list the name(s) and addre Name	ess(es) of at lea	ast one initia	al member. ddress	
add mei	dress(es) of at least one littlet mane mber(s), list the name(s) and addre Name	ess(es) of at lea	ast one initia	al member. ddress	
add mei	dress(es) of at least one littlet mane mber(s), list the name(s) and addre Name	ess(es) of at lea	ast one initia	al member. ddress	
add mei	dress(es) of at least one littlet mane mber(s), list the name(s) and addre Name	ess(es) of at lea	ast one initia	al member. ddress	
add mei	dress(es) of at least one initial mane mber(s), list the name(s) and addre Name	317 Creeksid	ast one initia A le Place, Na	al member. ddress ampa, ID 83651	
add mei	dress(es) of at least one initial mane mber(s), list the name(s) and addre Name	317 Creeksid	ast one initia A le Place, Na	al member. ddress ampa, ID 83651	
add mei	ignature of at least one person resp	317 Creeksid	ast one initia A de Place, Na ming the lim	al member. ddress ampa, ID 83651	
add mei	ignature of at least one person resp	317 Creeksid	ast one initia A de Place, Na ming the lim	al member. ddress ampa, ID 83651 nited liability compar	
add mei	ignature of at least one initial mane.	317 Creeksid	ast one initia A de Place, Na ming the lim	al member. ddress ampa, ID 83651 nited liability compar Secretary of State use only	
add mei	ignature of at least one person responded Name: Ben Haragos ignature: Ben Haragos gnature: Ben Haragos apacity: Owner Manuager	317 Creeksid	ast one initia A de Place, Na ming the lim	al member. ddress ampa, ID 83651 nited liability compar	8Y OF S 133
add mei B 6. Si Si Ty Ca	ignature of at least one person resp	317 Creeksid	ast one initia A de Place, Na ming the lim	al member. ddress ampa, ID 83651 nited liability compar Secretary of State use only	

W 26650