



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

**FILED EFFECTIVE**

**2015 MAY 12 AM 8:36**

**SECRETARY OF STATE  
STATE OF IDAHO**

1. The name of the limited liability company is:

DEADWOOD TREE REMOVAL LLC

2. The complete street and mailing addresses of the initial designated office:

408 N 5TH STREET BELLEVUE ID 83333

(Street Address)

PO BOX 2866 HAILEY ID 83333

(Mailing Address, if different than street address)

3. The name and complete street address of the registered agent:

AARON ARNAIZ

(Name)

408 N 5TH STREET BELLEVUE ID 83333

(Street Address)

4. The name and address of at least one member or manager of the limited liability company:

**Name**

**Address**

AARON ARNAIZ

PO BOX 2866 HAILEY ID 83333

5. Mailing address for future correspondence (annual report notices):

PO BOX 2866 HAILEY ID 83333

6. Future effective date of filing (optional): \_\_\_\_\_

Signature of a manager, member or authorized person.

Signature \_\_\_\_\_  
Typed Name: AARON ARNAIZ

Signature \_\_\_\_\_  
Typed Name: \_\_\_\_\_

Secretary of State use only

IDAHO SECRETARY OF STATE

**05/12/2015 05:00**

CK: 744298 CT: 310157 BH: 1475207  
1@ 100.00 = 100.00 ORGAN LLC #2

*W151602*