FILED EFFECTIVE

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CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY (Instructions on back of application) I. The name of the limited liability company is: CERTIFICATE OF OF STATE STATE STATE STATE STATE
1. The name of the limited liability company is: STATE OF IDAHO B+D ^S Concrete Sealing+ Maintenance LC
2. The complete street and mailing addresses of the initial designated/principal office:
Greet Address) (Street Address)
(Mailing Address, if different than street address)
3. The name and complete street address of the registered agent:
DArla Schuessler <u>9250 n reed Rd</u> (Narme) (Street Address)
4. The name and address of at least one member or manager of the limited liability company: <u>Name</u> <u>Address</u> <u>DAFLA</u> Schwessler <u>Carla</u> Schwessler <u>Carla</u> Schwessler <u>Carla</u> Schwessler
 5. Mailing address for future correspondence (annual report notices): <u>9250 N Veed Rd Haypen ID & 3835</u> 6. Future effective date of filing (optional):
Signature of a manager, member or authorized person. Signature Min Sweether
Typed Name: DAR A Schuessler Signature IDANO SECRETARY OF STATE Typed Name: CK: 1788 CT: 212438 BH: 1286476 Typed Name: 1 8 188.68 CT: 212438 CT: 21248 CT: 212438 CT: 21248 CT: 21

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