

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

08 OCT 21 "AM 8: 26

SECRETARY OF STATE

1. The name of the limited liability company	is: STATE OF IDAHO
• • • •	Painting, LLC
2. The complete street and mailing addresse	es of the initial designated/principal office:
721 Beta Circle	Twin Falls, ID 83301
(Street Address)	-
(Mailing Address, if different than street address)	
3. The name and complete street address o	f the registered agent:
Ryan McMillan	721 Beta Circle Twin Falls, ID 83301
(Name) (Stre	et Address)
The name and address of at least one me company:	ember or manager of the limited liability
<u>Name</u>	Address
Ryan McMillan	721 Beta Circle Twin Falls, ID 83301
5. Mailing address for future correspondence	
828 Blue Lakes Blvd	N. Twin Falls, ID 83301
6. Future effective date of filing (optional): _	
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Signature of organizer(s). (An organizer is a memb acting in behalf of a member or members).	per, or is
-	Secretary of State use only
Signature The maniel	B. P.
Typed Name: Member	pi 5 t
Signature	IDAHO SECRETARY OF STATE
Typed Name:	CK: 1021 CT: 230754 BH: 1141

