



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

11 JUL -1 AM 8:52

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

All Seasons Service LLC

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

PO Box 5382 Chubbuck ID 83202

(Street Address)

(Mailing Address, if different than street address)

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

Nick Jenkins

(Name)

330 W. Chubbuck Rd #63

(Street Address)

Chubbuck ID 83202

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

Eric Duffin
Nick Jenkins

Name

10833 Paintbrush Ln. Pocatello ID 83201
330 W. Chubbuck Rd. #63 Chubbuck ID

Address

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

P.O. Box 5382 Chubbuck ID 83202

6. Future effective date of filing (optional): _____

Signature of a manager, member or authorized person.

Signature Eric Duffin
Typed Name: Eric Duffin

Signature Nick Jenkins
Typed Name: Nick Jenkins

Secretary of State use only

IDAHO SECRETARY OF STATE
07/01/2011 05:00
CK: 525774 CT: 268297 BH: 1288763
I # 100.00 = 100.00 ORGAN LLC # 2

W104670