

Typed Name:

## **CERTIFICATE OF ORGANIZATION** LIMITED LIABILITY COMPANY

CERTIFICATE OF OIL	-	TO MAY - C AY - C
(Instructions on back o	of application)	09 MAY -6 AM 8: 27 T
1. The name of the limited liability comp	pany is:	SECRETARY OF STATE STATE OF IDAHO
Green Lawns R	US LLC	
2. The complete street and mailing addr	esses of the initial design	nated/principal office:
(Street Address)		111
(Mailling Address, if different than street address)	87	
3. The name and complete street address	ss of the registered age	nt:
	720 401 6 11	
(Name)	1316 Ustick Us	2mp 4, Ep 8 308 1
4. The name and address of at least an	b	f the limited liability
<ol> <li>The name and address of at least one company:</li> </ol>	e member or manager c	i the infilled liability
Name	<del></del>	iress
	7396 Ustub	•
Richard Corn	1604 E Lincoln Na	mm. 20 83686
		2 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
5. Mailing address for future correspond	-	
1576 USTICE DU	mpa, 100 & 304	
6. Future effective date of filing (optional		
	l):	
Signature of organizer(s). (An organizer is a nacting in behalf of a member or members).		
acting in behalf of a member or members).	nember, or is	Secretary of State use only
acting in behalf of a member or members).	nember, or is	Secretary of State use only
	nember, or is	Secretary of State use only  IDANO SECRETARY OF CTATE

