

**FILED EFFECTIVE**

# **CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY**

10 SEP 20 AM 8: 25

(Instructions on back of application)

**SECRETARY OF STATE  
STATE OF IDAHO**

1. The name of the limited liability company is:

LARRY PARISH SERVICE LLC

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

424 SO 2ND AVE

(Street Address)

HAGERMAN ID 83332

(Mailing Address, if different than street address)

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

LARRY G PARISH

(Name)

424 SO 2ND AVE HAGERMAN ID 83332

(Street Address)

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

**Name**

**Address**

LARRY G PARISH

424 SO 2ND AVE HAGERMAN ID 83332

PATRICIA A PARISH

424 SO 2ND AVE HAGERMAN ID 83332

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

424 SO 2ND AVE HAGERMAN ID 83332

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

Signature of a manager, member or authorized person.

Signature Larry G. Parish  
Typed Name: LARRY G PARISH

Signature Patricia A. Parish  
Typed Name: PATRICIA A PARISH

Secretary of State use only

IDAHO SECRETARY OF STATE  
09/20/2010 05:00  
CK: 2674 CT: 251373 BH: 1239532  
1 @ 100.00 = 100.00 ORGAN LLC # 2

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