



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

**FILED EFFECTIVE**

(Instructions on back of application)

2015 APR 29 PM 3:31

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

Cloud Nine Painting LLC

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

2865 N. Wolverine Ave Meridian ID 83646  
(Street Address)

(Mailing Address, if different than street address)

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

Wade Holtan  
(Name)

2865 N. Wolverine Ave. Meridian ID 83646  
(Street Address)

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

**Name**

**Address**

Wade Holtan

2865 N. Wolverine Ave.

Meridian ID

83646

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

2865 N. Wolverine Ave Meridian ID 83646

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

Signature of a manager, member or authorized person.

Signature

Wade Holtan

Typed Name: Wade Holtan

Signature \_\_\_\_\_

Typed Name: \_\_\_\_\_

Secretary of State use only

IDAHO SECRETARY OF STATE

04/29/2015 05:00

CR: CASH CT: 118016 BH: 1473343

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