

Typed Name:

Signature _____ Typed Name: _____

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

(Instructions on back of application)

10 MAY -4 PM 3: 45

SECRETARY OF STATE 1. The name of the limited liability company is: STATE OF IDAHO C R Home Renovations LLC 2. The complete street and mailing addresses of the initial designated/principal office: 1522 Franklin Boise ID 83702 (Street Address) (Mailing Address, if different than street address) 3. The name and complete street address of the registered agent: 1522 Franklin Boise ID 83702 Chad Rincover (Name) (Street Address) 4. The name and address of at least one member or manager of the limited liability company: Address Name 1522 Franklin Boise ID 83702 Chad Rincover 5. Mailing address for future correspondence (annual report notices): 1522 Franklin Boise ID 83702 Future effective date of filing (optional):
______ Signature of organizer(s). (An organizer is a member, or is acting in behalf of a member or members). Secretary of State use only Signature / Chad Rincover

W93058