



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

09 SEP 11 PM 1:05

SECRETARY OF STATE
STATE OF IDAHO

FILED EFFECTIVE

1. The name of the limited liability company is:

Palmer Construction LLC.

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

216 S. Ridgewood Dr., Post Falls, ID, 83854

(Street Address)

SAME

(Mailing Address, if different than street address)

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

Jim Palmer

(Name)

216 S. Ridgewood Dr Post Falls, ID

(Street Address)

83854

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

Name

Address

Kristie Palmer 216 S. Ridgewood Dr Post Falls, ID

83854

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

216 S. Ridgewood Dr Post Falls, ID 83854

6. 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).

Signature Jim Palmer

Typed Name: Jim Palmer

Signature Kristie Palmer

Typed Name: Kristie Palmer

Secretary of State use only

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Revised 07/2008

IDAHO SECRETARY OF STATE
09/11/2009 05:00
CK: 2392 CT: 240498 BH: 1106672
1 @ 100.00 = 100.00 ORGAN LLC # 2
1 @ 20.00 = 20.00 EXPEDITE C # 3

W060839