



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2014 OCT 21 PM 4:59

SECRETARY OF STATE
STATE OF IDAHO1. The name of the limited liability company is:

All Phase Remodel & Repairs LLC

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

4208 Marvin ST Boise Idaho 83705

(Street Address)

(Mailing Address, if different than street address)

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

Sally Johnson

(Name)

4208 Marvin ST Boise Idaho 83705

(Street Address)

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

Sally Johnson

4208 Marvin ST Boise Idaho 83705

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

4208 Marvin ST Boise Idaho 83705

6. Future effective date of filing (optional): _____

Signature of a manager, member or authorized person.

Signature Sally JohnsonTyped Name: Sally Johnson

Signature _____

Typed Name: _____

Secretary of State use only
IDAHO SECRETARY OF STATE

10/21/2014 05:00

CK:CASH CT:302401 BH:1446150
1@ 100.00 = 100.00 ORGAN LLC #2

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