



# CERTIFICATE OF ORGANIZATION<sup>FILED EFFECTIVE</sup> LIMITED LIABILITY COMPANY

2015 MAY -7 AM 9:15

(Instructions on back of application)

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

Northwest Home Inspections LLC

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

757 S. Iron Springs Ave. Kuna Id. 83634  
(Street Address)

P.O. Box 81 Kuna, Id. 83634  
(Mailing Address, if different than street address)

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

Troy Gabriel  
(Name)

757 S. Iron Springs Ave  
(Street Address)  
Kuna, Id. 83634

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

Name	Address
<u>Troy Gabriel</u>	<u>757 S. Iron Springs Ave.</u>
	<u>Kuna, Id. 83634</u>

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

P.O. Box 81 Kuna Id. 83634

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

Signature of a manager, member or authorized person.

Signature [Signature]

Typed Name: Troy Gabriel

Signature \_\_\_\_\_

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

Secretary of State use only

IDAHO SECRETARY OF STATE

05/07/2015 05:00

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