

ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

(Instructions on back of application)

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1.	The name of the limited liability comp	pany is: STATE STATE
	Jonathan Adams Construction LLC	C
2.	The street address of the initial registered office is:	
	1689 Shoreline Drive, #205, Boise	e, ID 83702
	and the name of the initial registered	agent at the above address is:
	Jonathan Adams	ragematine above address is.
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3.	The mailing address for future correspondence is:	
	1689 Shoreline Drive, #205, Boise	e, ID 83702
4.	Management of the limited liability company will be vested in:	
	Manager(s) 🗸 or Member(s)	(please check the appropriate box)
5.	If management is to be vested in one or more manager(s), list the name(s) and address(es) of at least one initial manager. If management is to be vested in the	
	member(s), list the name(s) and address(es) of at least one initial member.	
	Name	Address
		Address
	Jonathan Adams	1689 Shoreline Drive, #205, Boise, ID 83702
6.	Signature of all least one person responsible for forming the limited liability company:	
	Signature:	2
	Typed Name: Jonathan Adams	Secretary of State use only
(Capacity: Manager	- Aganiza
		Secretary of State
	_	
-	Signature	92/23/2005 05:00 (K: 1150 CT: 1AK3A1 DM: 792702
	Signature Typed Name: Capacity:	# # # # # # # # # # # # # # # # # # #

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