FILED EFFECTIVE

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CERTIFICATE OF C LIMITED LIABILIT (Instructions on back	TY COMPANY
2. The complete street and mailing ad <u>1302</u> A Gth S (Street Address)	Ne Remodel and Repair UC Idresses of the initial designated/principal office:
(Mailing Address, if different than street address)	83814
3. The name and complete street add	ress of the registered agent:
Tim Cooper (Name)	1302 N. 946 Street, COA, IJ (Street Address) 83814
company: <u>Name</u> <u>Tim Cooper</u>	Address 1302 N. 94L Street, COA, Id 83814
· · · · · · · · · · · · · · · · · · ·	
5. Mailing address for future correspon	ndence (annual report notices): SF , COA , IJ 83814
6. Future effective date of filing (option	nal):
Signature of organizer(s). (An organizer is a acting in behalf of a member or members).	a member, or is Secretary of State use only
Signature Tim Cooper	
Signature	
Typed Name:	IDAHD SECRETARY OF STATE 10/19/2009 05:00 2 CX: 1486 CT: 241539 BH: 1191786 10/19/2009 05:00 DH: 1191786 DH: 1191786