

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

09 SEP 28 AM 10: 36

SECRETARY OF STATE

1.	The name of the limited liability con	npany is:		STATE OF ID	AHO
	Greer	nview Lands	scaping LLC.		
2.	The complete street and mailing addresses of the initial designated/principal office: 5839 S. Teak Way, Boise, Idaho 83716				
	(Street Address)				
	(Mailing Address, if different than street address)			<u> </u>	
3.	The name and complete street address of the registered agent:				
	Joel Voloshen	;	5839 S. Teak Way	, Boise, Idaho 83716	e de la companya de l
	(Name)	(Street Add	dress)	•	 ·
4.	The name and address of at least of company:	ne memb	_		/
	<u>Name</u> Joel Voloshen	<u>Address</u> 5839 S. Teak Way, Boise, Idaho 83716			
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5.	Mailing address for future correspon	dence (ar	nnual report no	tices):	* *
	- · · · · · · · · · · · · · · · · · · ·	•	ise, Idaho 83716		
6.	Future effective date of filing (option	al):			
					* .
	nature of organizer(s). (An organizer is a	member, o	ris		
actin	ng in behalf of a member or members).		<u> </u>	Secretary of State use only	
Sia	nature Sol Volumes		GPAG.		
_	ed Name: Joei Voloshen		UC formstoart_org_itc.PMID 07/2008		
- 15			ms/cent	IDAHO SECRETARY	
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Typed Name:

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