

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY CO.

(Instructions on back of application)

10 JAN 28 AM 9: 12

The name of the limited liability company is:		SECRETARY OF STATE STATE OF IDAHO
	ALFRESCO, LLC	
2. The complete street and mailing add	dresses of the initial de	
(Street Address)		
(Mailing Address, if different than street address)		
3. The name and complete street address	ess of the registered a	gent:
ROBYN ANDERSEN (Name)		T. BURLEY, IDAHO 83318
(realize)	(Street Address)	
The name and address of at least on company:	ne member or manage	r of the limited liability
Name	Address	
ROBYN ANDERSEN	322 EAST MAIN ST. BURLEY, IDAHO 83318	
		*
	÷)
5. Mailing address for future correspond	ience (annual report n N ST. BURLEY, IDAHO 83	
6. Future effective date of filing (optional	I):	
Signature of organizer(s). (An organizer is a n	nember, or is	
acting in behalf of a member or members).		Secretary of State use only
Signature Why lakes	C.PMO	,
Typed Name: O ROBYN ANDERSEN	mal LC formation org. Mc.PMD	
-	maker 008	
Signature	UC 6	IDAHO SECRETARY OF STATE 01/28/2010 05:00
Гуреd Name:	· ormal	CK: 12191 CT: 176999 BH: 1285

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