



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

08 OCT 20 PM 12:34  
SECRETARY OF STATE  
STATE OF IDAHO

FILED EFFECTIVE

1. The name of the limited liability company is:

ALL SEASONS POWERWASHING LLC

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

839 LAKE LOWELL AVE NAMPA, ID. 83686

(Street Address)

(Mailing Address, if different than street address)

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

JASON MUNDELL

839 LAKE LOWELL NAMPA, ID. 83686

(Name)

(Street Address)

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

**Name**

**Address**

JASON MUNDELL

839 LAKE LOWELL NAMPA, ID. 83686

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

839 LAKE LOWELL NAMPA, ID. 83686

6. Future effective date of filing (optional):

Signature of organizer(s). (An organizer is a member, or is acting in behalf of a member or members).

Signature Jason Mundell  
Typed Name: JASON MUNDELL

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

Secretary of State use only

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Revised 07/2008

IDAHO SECRETARY OF STATE  
10/20/2008 05:00  
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