



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

08 OCT 16 PM 1:14

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

4 Seasons Remodeling L.L.C.

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

4053 Libby Lane Boise, ID 83705

(Street Address)

(Mailing Address, if different than street address)

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

Shawn Sherman

(Name)

4053 Libby Lane Boise, ID 83705

(Street Address)

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

Name

Address

Shawn Sherman

4053 Libby Lane Boise, ID 83705

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

4053 Libby Lane Boise, ID 83705

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 Shawn Sherman

Typed Name: Shawn Sherman

Signature _____

Typed Name: _____

Secretary of State use only

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Revised 07/2008

IDAHO SECRETARY OF STATE
10/16/2008 05:00
CK: CASH CT: 230635 BH: 1140426
1 @ 100.00 = 100.00 ORGAN LLC # 2

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