

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

2015 JUL -6 AMIO: 17

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Ж	(Illistructions on bac	k of application		
1.	The name of the limited liability co	SECRETARY OF STATE OF ICA		
	ROB HENRY CUSTOM HOMES, LLC		0 / 1D/	
2.	The complete street and mailing addresses of the initial designated office: 121 WHISKEY JACK ROAD - SANDPOINT, ID 83864			
	(Street Address)			
	(Mailing Address, if different than street address)			
3.	The name and complete street address of the registered agent:			
	ROBERT HENRY	121 WHISKEY	121 WHISKEY JACK ROAD - SANDPOINT, ID 83864	
	(Name)	(Street Address)		
 3. 4. Sig per Sig Typ 	The name and address of at least one member or manager of the limited liability company:			
	Name	Address		
	ROBERT HEINEY	- IZI WHISKET	JACK ROAD - SANDPOINT, ID 83884	
5 .	Mailing address for future correspondent	ondence (annua	l report notices):	
	121 WHISKEY JACK ROAD - SANDPO	DINT, ID 83864		
	- · · · · · · · · · · · · · · · · · · ·	-		
6.	Future effective date of filing (option	onal):		
٥.	The complete street and mailing addresses of the initial designated office: 121 WHISKEY JACK ROAD - SANDPOINT, ID 83864 (Street Address.) (Mailing Address. if different than street address) The name and complete street address of the registered agent: ROBERT HENRY 121 WHISKEY JACK ROAD - SANDPOINT, ID 83864 (Street Address) The name and address of at least one member or manager of the limited liability company: Name Address ROBERT HENRY 121 WHISKEY JACK ROAD - SANDPOINT, ID 83864 Mailing address for future correspondence (annual report notices): 121 WHISKEY JACK ROAD - SANDPOINT, ID 83864 Future effective date of filing (optional): Inature of a manager, member or authorized annual report notices (annual report notices): Secretary of State use only IDANO SECRETARY OF STATE 07/07/2015 05:00 CK:1049 CT:312104 BR:1482742 16 100.00 = 100.00 ORGAN LLC (1990)			
		or authorized		
pci	0, 1+		Secretary of State use only	
_	nature Joseph Lew	20		
Ту	ped Name: ROBERT HENRY			
Sig	nature			

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Typed Name: _____