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CERTIFICATE OF ORGANIZATION

	(Instructions on ba		SECRETARY OF STATE STATE OF IDAHO
The na	me of the limited liability c		SIAIC O.
i. Hie tie	•	ers Septic Tank Service, L	LC
_ 			
2. The co		1800 East, St. Anthony, [[l designated/principal office:
(Štreát /	Address)	1000 Eddy Ot Attacky, to	
(Malilno	Address, if different than street address)	
•	The name and complete street address of the registered agent:		
	William Forsberg	49 Profession	nal Plaza, Rexburg, ID 83440
(Name)		(Street Address)	
4. The na	ame and address of at leas any:	t one member or man	
	<u>Name</u>	Address 447 North 1600 East, St. Anthony, ID 83445	
	LaVar Hunter	447 (VOID) 100	D Last, Ot. Antiony, to do To
	:		
·			
E Navilia	g address for future corresp	ondence (ennuel ren	ort notices):
5. Mallin		1800 East, St. Anthony, I	
6. Future	effective date of filing (opt	ional):	
01 1 0101			
Signature	of organizer(s). (An organizer	is a member, or is	
acting in bei	half of a member or members).		Secretary of State use only
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Signature			. (1771/00
Typed Na	me: LaVar Hunte		W11423
		C ferre	· ·
Signature		- last	IDAHO SECRETARY OF STA
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