



CERTIFICATE OF ORGANIZATION ~~FILED~~ ^{ONLINE} ~~EFFECTIVE~~ ^{DATE} ~~FORM~~

LIMITED LIABILITY COMPANY

(Instructions on back of application)

2014 AUG 11 AM 11:59

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Steves ~~Service~~ Plumbing LLC

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

4221 Alma Lane Nampa Idaho 83686

(Street Address)

(Mailing Address, if different than street address)

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

Kristina Hankins

(Name)

4221 Alma Ln Nampa, ID 83686

(Street Address)

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

Name

Address

Jeffrey Hankins

4221 Alma Ln Nampa Id 83686

Kristina Hankins

4221 Alma Ln Nampa ID 83686

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

4221 Alma Ln Nampa ID 83686

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature

Typed Name: Newell Siler

Signature

Typed Name:

Secretary of State use only

IDAHO SECRETARY OF STATE

08/11/2014 05:00

CK:6029 CT:264805 BH:1436786

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