



0005479545

**STATE OF IDAHO**

Office of the secretary of state, Phil McGrane

**CERTIFICATE OF ORGANIZATION LIMITED  
LIABILITY COMPANY**

Idaho Secretary of State

PO Box 83720

Boise, ID 83720-0080

(208) 334-2301

Filing Fee: \$100.00

For Office Use Only

**-FILED-**

File #: 0005479545

Date Filed: 11/15/2023 8:02:51 PM

| Certificate of Organization Limited Liability Company  |  |      |         |                    |                                      |
|--|--|------|---------|--------------------|--------------------------------------|
| Select one: Standard, Expedited or Same Day Service (see descriptions below)      Standard (filing fee \$100)  |  |      |         |                    |                                      |
| 1. Limited Liability Company Name  |  |      |         |                    |                                      |
| Type of Limited Liability Company  | Limited Liability Company  |      |         |                    |                                      |
| Entity name  | DeRose Plumbing Idaho LLC  |      |         |                    |                                      |
| 2. The complete street address of the principal office is:   |  |      |         |                    |                                      |
| Principal Office Address   | 17989 MONARCH WAY<br>NAMPA, ID 83687   |      |         |                    |                                      |
| 3. The mailing address of the principal office is:   |  |      |         |                    |                                      |
| Mailing Address  | 17989 MONARCH WAY<br>NAMPA, ID 83687-9074  |      |         |                    |                                      |
| 4. Registered Agent Name and Address   |  |      |         |                    |                                      |
| Registered Agent   | Christopher DeRose<br>Registered Agent<br>Physical Address<br>17989 MONARCH WAY<br>NAMPA, ID 83687<br>Mailing Address<br>17989 MONARCH WAY<br>NAMPA, ID 83687-9074 |      |         |                    |                                      |
| <input checked="" type="checkbox"/> I affirm that the registered agent appointed has consented to serve as registered agent for this entity.                                     |  |      |         |                    |                                      |
| 5. Governors   |  |      |         |                    |                                      |
| <table border="1"><thead><tr><th>Name</th><th>Address</th></tr></thead><tbody><tr><td>Christopher DeRose</td><td>17989 MONARCH WAY<br/>NAMPA, ID 83687</td></tr></tbody></table> |  | Name | Address | Christopher DeRose | 17989 MONARCH WAY<br>NAMPA, ID 83687 |
| Name   | Address  |      |         |                    |                                      |
| Christopher DeRose   | 17989 MONARCH WAY<br>NAMPA, ID 83687   |      |         |                    |                                      |
| Signature of Organizer:  |  |      |         |                    |                                      |
| <u>Christopher Derosé</u>  | <u>11/15/2023</u>  |      |         |                    |                                      |
| Sign Here  | Date   |      |         |                    |                                      |

B0857-0281 11/15/2023 8:04 PM Received by Office of the Idaho Secretary of State