



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

2013 OCT 31 AM 8:56

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Shar Klean LLC.

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

175 Crimson Drive, Idaho Falls, ID. 83401

(Street Address)

(Mailing Address, if different than street address)

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

Sharla Robertson

(Name)

175 Crimson Drive

(Street Address)

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

Name

Address

Sharla Robertson

175 Crimson Drive Idaho falls

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

175 Crimson Drive, Idaho Falls, ID. 83401

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature Sharla Robertson

Typed Name: Sharla Robertson

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
10/31/2013 05:00
CK: 2455 CT: 289169 BH: 1396122
1 @ 100.00 = 100.00 ORGAN LLC # 2
1 @ 20.00 = 20.00 EXPEDITE C # 3

W130650