



## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

	(Instructions on back of application)		9:14
1.	The name of the limited liability company is:		F 6 9717
	Mirab	Water Specialties, Ll	.c
2.	The complete street and mailing ad 5223 Steele Avenue, Iona ID 83427	Idresses of the init	ial designated office:
	(Street Address) PO Box 94, Iona ID 83427 (Mailing Address, if different than street address)		
3.	The name and complete street address of the registered agent:		
	Bryce A Contor (Name)	5223 Steele Avenu	ie, Iona ID 83427
4.	The name and address of at least company:	•	nager of the limited liability
	Name Bryce A. Contor	5223 Steele Avenu	Address
5.	Mailing address for future correspondence (annual report notices): PO Box 94, Iona ID 83427		
6.	6. Future effective date of filing (optional):		
_	nature of a manager, member or son.	,	
_	nature Bryce a. Co	utor	Secretary of State use only
Тур	ped Name: Bryce A. Contor		
Signature			IDAHO SECRETARY OF STATE  92/13/2912 95:99  CV: 1577 CT: 194239 PM: 12:4257
Тур	ed Name:		CK: 1677 CT: 194230 BH: 1310357 1 0 108.00 = 108.00 CRGAN LLC # 2

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