

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

		on back of application)		SECRETARY OF STATE STATE OF IDAHO
1.	The name of the limited liability company is:		•	
	AMOTH ELECTRIC, LLC			
2.	The complete street and mailing addresses of the initial designated office: 6342 MAIN STREET #D4, BONNERS FERRY, ID 83805			
	(Street Address) PO BOX S, BONNERS FERRY, ID 8380 (Mailing Address, if different than street address)	05	-	
3.	The name and complete street address of the registered agent:			
	THAYNE AMOTH	6342 MAIN STREET #D4, BONNERS FERRY, ID 83805		
	(Name)	(Street Address)		
4.	company: Name THAYNE AMOTH	St one member or manager of the limited liability Address 6342 MAIN STREET #D4, BONNERS FERRY, ID 83805		
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5.	Mailing address for future correspondence (annual report notices): PO BOX S, BONNERS FERRY, ID 83805			
6.	Future effective date of filing (option	nal):		
Sig <i>i</i> pers	nature of a manager, member or son.	r authorized		
	pature Maune Amoth		ID	etary of State use only NHO SECRETARY OF STATE
Гур	ed Name: THAYNE AMOTH			L/15/2015 05:00 9975 CT:305208 BH:

10 100.00 = 100.00 ORGAN LLC #2

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Signature____

Typed Name: