



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

**FILED EFFECTIVE**

11 DEC -5 AM 9:35

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

Northwest Water & Support Services LLC

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

338 Scotchpine Dr.

(Street Address)

Sandpoint, Idaho 83864

(Mailing Address, if different than street address)

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

Bonnie S. Johnson

(Name)

338 Scotchpine Dr.

(Street Address)

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

<u>Name</u>	<u>Address</u>
<u>Bonnie S. Johnson</u>	<u>338 Scotchpine Dr.</u>
_____	_____
_____	_____
_____	_____
_____	_____

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

338 Scotchpine Dr. Sandpoint, Idaho 83864

6. Future effective date of filing (optional): \_\_\_\_\_

Signature of a manager, member or authorized person.

Signature *Bonnie S. Johnson*

Typed Name: Bonnie S. Johnson

Signature \_\_\_\_\_

Typed Name: \_\_\_\_\_

Secretary of State use only

IDAHO SECRETARY OF STATE  
12/05/2011 05:00  
CK: 9364 CT: 264645 BH: 1300285  
1 @ 100.00 = 100.00 ORGAN LLC # 2

W108796