



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

10 SEP 29 AM 8:43

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Waters LLC

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

5402 N Sun Shimmer Ave Meridian Id 83646
(Street Address)

(Mailing Address, if different than street address)

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

Evan Waters
(Name)

Same as above
(Street Address)

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

Evan Waters
Name

Same as above
Address

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

Same as above

6. Future effective date of filing (optional): _____

Signature of a manager, member or authorized person.

Signature Evan Waters

Typed Name: Evan Waters

Signature _____

Typed Name: _____

Secretary of State use only

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09/29/2010 05:00
CK: 3037 CT: 251621 BH: 1240909
1 @ 100.00 = 100.00 ORGAN LLC # 2