



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

09 APR 10 AM 8: 37

(Instructions on back of application)

SECRETARY OF STATE STATE OF IDAHO

1. The name of the limited liability co	ompany is:	STATE OF IDAHO	
	S & R Plumbing LLC	c ·	
2. The complete street and mailing a	ddresses of the in	initial designated/principal office:	
983 H	wy 93 N, Carmen ID	83462	
(Street Address)	Box 112, Salmon ID	83467	
(Mailing Address, if different than street address)			•
3. The name and complete street ad-	dress of the regis	stered agent:	
Robert M Crispin	983	Hwy 93 N, Carmen ID 83462	
(Name)	(Street Address)		
The name and address of at least company: Name	one member or r	manager of the limited liability Address	•
Robert M Crispin	РО	9 Box 112, Salmon ID 83467	
			٠.
		<u> </u>	
 Mailing address for future correspond 	ondence (annual	report notices):	
	Box 112, Salmon ID		
and the same of th			
i. Future effective date of filing (option	onal):		1
ignature of organizer(s). (An organizer is	s a member, or is		•
cting in behalf of a member or members).		Secretary of State use only	
ignature Kahat Cours	c.PMD		
yped Name: Member			
	Ties/Cert	· · · · · · · · · · · · · · · · · · ·	
Signature	phomsil. C formskert or R. PMD	IDANO SECRETARY OF STO	TE
yped Name:	Усто	CK: 2401 CT: 235992 BH: 1	16537
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