

ERTIFICATE OF ORGANIZATION FILED EFFECTIVE **CERTIFICATE OF ORGANIZATION**

	(or application)	SECRETARY OF STATE		
1.	The name of the	limited liability con	npany is:	STATE OF IDAHO		
		_	PRAIRIE PLUMBIN	IGUC		
2	The complete et				-	
۷.	The complete street and mailing addresses of the initial designated/principal office: 47 HIDDEN SPRINGS CIRCLE					
	(Street Address)	4/ NIU	DEN SPRINGS CIR	KCLE	•	
			·			
	•	ferent than street address)			:	
3.	The name and complete street address of the registered agent:					
		DEWEY	47 H	IDDEN SPRINGS CIRCLE		
	(Name)		(Street Address)		·	
	The name and a company:	ddress of at least o	ne member or m	anager of the limited liability		
	Name		Address			
	TODE	DEWEY	47 HIDDEN SPRINGS CIRCLE			
	CINDY DEWEY		47 H	47 HIDDEN SPRINGS CIRCLE		
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5. I	Mailing address	for future correspon	dence (annual re	eport notices):	· · · · · · · · · · · · · · · · · · ·	
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5. I	Mailing address	•	•	· ·	0	
		•	DEN SPRINGS CIR	· ·	0	
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5.	Future effective of	47 HID	DEN SPRINGS CIR	· ·	0	
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