

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

## FILED EFFECTIVE

2015 JAN -8

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(Instructions on back of application)

1. The name of the limited liab	ility company is:	STATE OF ID	
StopFlood Systems, LLC			
2. The complete street and mai 2463 E Green Canyon Rd, Inkom	•	ne initial designated office:	
(Street Address)			
(Mailing Address, if different than street a	address)		
3. The name and complete stre	et address of the re	egistered agent:	
Brent Singley	2463 E Gree	2463 E Green Canyon Rd, Inkom ID 83245	
(Name)	(Street Addres	(Street Address)	
<ol> <li>The name and address of at company:</li> </ol>	least one member	or manager of the limited liability	
Name		Address	
Brent Singley	2463 E Gree	2463 E Green Canyon Rd, Inkom, ID 83245	
5. Mailing address for future co	rrespondence (ann	ual report notices):	
2463 E Green Canyon Rd, Inkon	n, ID 83245		
6. Future effective date of filing	(optional):		
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lignature of a manager, memerson.	iber or authorized		
Than 1		Secretary of State use only	
ignature ( / JUV/	$\overline{\Box}$	IDAHO SECRETARY OF STATE	
yped Name: Dustin W. Manwaring	1	01/08/2015 05:00 CK:4074 CT:268911 BH:145612	
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