







## STATE OF IDAHO

## Office of the secretary of state, Lawerence Denney CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

Idaho Secretary of State PO Box 83720 Boise, ID 83720-0080 (208) 334-2301 Filing Fee: \$100.00 For Office Use Only

-FILED-

File #: 0004842152

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| Certificate of Organization Limited Liability Company<br>Select one: Standard, Expedited or Same<br>descriptions below) | Day Service (see   | Standard (filing fee \$100)                                |                 |
|---|--------------------|--|-----------------|
| 1. Limited Liability Company Name   |                    |  |                 |
| Type of Limited Liability Company   |                    | Limited Liability Company                                  |                 |
| Entity name   |                    | SUNRISE PLUMBING, LLC                                      |                 |
| 2. The complete street address of the principal office is:  | :                  |  |                 |
| Principal Office Address  |                    | 243 S 400 W<br>HEYBURN, ID 83336                           |                 |
| 3. The mailing address of the principal office is:  |                    |  |                 |
| Mailing Address   |                    | 243 S 400 W<br>HEYBURN, ID 83336-8687                      |                 |
| 4. Registered Agent Name and Address  |                    |  |                 |
| Registered Agent  |                    | CORPORATE SERVICE CENTER, INC. Commercial Registered Agent |                 |
|   |                    | Physical Address   |                 |
|   |                    | 702 W IDAHO ST   |                 |
|   |                    | STE 1100<br>BOISE, ID 83702                                |                 |
|   |                    | Mailing Address  |                 |
|   |                    | 702 W IDAHO ST   |                 |
|   |                    | STE 1100<br>BOISE, ID 83702                                |                 |
| I affirm that the registered agent appoi  | nted has consented | I to serve as registered agent fo                          | or this entity. |
| Name  |                    | Address  |                 |
| Terrence Taylor   |                    | 243 S 400 W<br>HEYBURN, ID 83336                           |                 |
| Signature of Organizer:   |                    |  |                 |
| Terrence Taylor   |                    |  | 08/03/2022      |
| Sign Here   |                    |  | Date            |