

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE 2015 APR 16 AM 9: 04

(Instructions on back of application)		SE <u>CREJARY OF STA</u> TE
1. The name of the limited liab	ility company is:	STATE OF IDAHO
All Pro Plumbing Service, LLC.	•	
2. The complete street and ma	-	designated office:
(Street Address)		
(Mailing Address, if different than street	address)	
3. The name and complete stre	eet address of the registere	d agent:
Jeffrey Allen Steiner	13966 Rustic Road M	AcCall, ID 83638
(Name)	(Street Address)	
 The name and address of at company: Name 	least one member or man	ager of the limited liability Address
Jeffrey Allen Steiner	13966 Rustic Road N	
5. Mailing address for future co	prrespondence (annual repo	ort notices):
13966 Rustic Road McCall, ID 8	·	
6. Future effective date of filing	(optional):	
Signature of a manager, men person.	nber or authorized	
		Secretary of State use only
Signature Signature		IDAHO SECRETARY OF STATE
Typed Name Jeffrey Allen Steiner		04/16/2015 05:00

CK:6963 CT:309092 BH:1471306 10 100.00 = 100.00 ORGAN LLC #2

W150538

Signature ______Typed Name: _____