

CERTIFICATE OF ORGANIZATION

	LIMITED LIABILI	TY COMPANY	2015 MAR 18 AM 10: 56
(Instructions on back of applications)		of application)	OCCUPATATE
1. The name of the limited liability comp		mpany is:	SECHETARY OF STATE STATE OF IDAHO
Kleen	Machine LLC		
388 N	emplete street and mailing ad orth 300 East Blackfoot, Idaho 832 Address)		signated office:
(Mailing	Address, if different than street address)	· · · · · · · · · · · · · · · · · · ·	
3. The na	The name and complete street address of the registered agent:		
Robei (Name)	t Wetherbee	388 North 300 East BL ₆ (Street Address)	ACKFOOT, ID 83221
4. The na	time and address of at least only:	ene member or manager	of the limited liability
	<u>Name</u>	_	address ST BLACKFOOT, ID 83221
5. Mailing	address for future correspor	ndence (annual report n	otices);
388	NORTH 300 EAST BLACKFOO	OT, ID 83221	
6. Future	effective date of filing (option	nal):	
Signature person.	of a manager, member or	authorized	
Signature_	Robert William	1 0	Secretary of State use only
Typed Nan	ne: Robert Wetherbee		IDAMO SECRETARY OF STA 03/18/2015 05:0
Signature_			:2672908 CT:172099 BH:

U3/18/2015 05:00 UK:2672908 UT:172099 BH:1466747 16 100.00 = 100.00 ORGAN LLC #2

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Typed Name: