

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

2015 MAY 29 AM 8: 4

(Instructions on back of application)

The name of the limited liability company is:		SECRETARY OF STATE STATE OF IDAHO	
BRISTOL FLUIDS CONSUL			
The complete street and I		nitial designated office:	
_			
(Mailing Address, if different than st		1 1	
The name and complete	street address of the regis	tered agent:	
ROBERT W. BRISTOL	1332 LAKESHO	RE DRIVE, SAGLE, ID 83860	
(Name)	(Street Address)	(Street Address)	
company:	f at least one member or r	manager of the limited liability	
<u>Name</u> ROBERT W. BRISTOL	1332 LAKESHO	Address 1332 LAKESHORE DRIVE, SAGLE, ID 83860	
	<u></u>		
	<u></u>		
 Mailing address for future 1332 LAKESHORE DRIVE, 	•	report notices):	
	OAGEL, ID 03000		
5. Future effective date of fi	ling (optional):		
	· · · · · · · · · · · · · · · · · · ·		
ignature of a manager, n	nember or authorized		
erson.		Secretary of State use only	
ignature libert w brists		IDAHO SECRETARY OF STATE	
Typed Name: ROBERT W. BRISTOL		05/29/2015 05:00	
		CK:3674 CT:6611 BH:1477528 16 100.00 = 100.00 ORGAN LLC	
ignature			

W152287

Typed Name: _____