## **CERTIFICATE OF ORGANIZATION** LIMITED LIABILITY COMPANY 10 MAY 27 PM 1: 08

(Instructions on back of application)

	`		SECRETARY C	F STATE
			STATE <b>OF I</b>	
HUGHES WATER WELLS, LLC				
2.	The complete street and mailing addresses of the initial designated/principal office:  365 MANSOURS PL, OLDTOWN, ID 83822			
	(Street Address)			**************************************
	(Mailing Address, if different than street address)			
3.	The name and complete street address of the registered agent:			
	DAVID HUGHES	365 MANSOUR	S PL, OLDTOWN ID 83822	$\frac{1}{2} \left( \frac{1}{2} \cdot 1$
	(Name)	(Street Address)		
4	The name and address of at least one mamber or manager of the limited tightill.			
4.	The name and address of at least one member or manager of the limited liability company:			
	<u>Name</u>		<u>Address</u>	
	DAVID HUGHES 365 MANSOURS PL, OLDTOWN ID 83822		S PL, OLDTOWN ID 83822	
			:	
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5.	Mailing address for future correspondence (annual report notices):			
	365 MANSOURS PL, OLDTOWN ID 8382			· · · · · · · · · · · · · · · · · · ·
	303 MANGOORS FL, OLD TOWN ID 6302		, <u>, , , , , , , , , , , , , , , , , , </u>	
6.	Future effective date of filing (optional):			***
			:	*
Signature of organizer(s). (An organizer is a member, or is				
_	ng in behalf of a member or members).	•		
Sin	nature Dand Myhyles		Secretary of State us	e only
Typed Name: DAVID HUGHES IDAHO SECRETARY OF STATE				
' <b>y</b>	TOW ITACHIE. DAVID HUGHES		05/27/20	310 05:00 8487 BN: 1224293
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