



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

10 JUN 28 AM 9:02

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Comer Welding, LLC

2. The complete street and mailing addresses of the initial designated/principal office:

P.O. Box 1621

(Street Address)

Twin Falls, ID 83303-1621

(Mailing Address, if different than street address)

3. The name and complete street address of the registered agent:

Jeffrey P. Comer

(Name)

4186 North 1100 East, Buhl, ID 83316-5502

(Street Address)

4. The name and address of at least one member or manager of the limited liability company:

Name

Address

Jeffrey P. Comer

4186 North 1100 East, Buhl, ID 83316-5502

5. Mailing address for future correspondence (annual report notices):

P.O. Box 1621, Twin Falls, ID 83303-1621

6. Future effective date of filing (optional): _____

Signature of organizer(s). (An organizer is a member, or is acting in behalf of a member or members).

Signature

Mary Comer

Typed Name: _____

Mary Comer

Signature _____

Typed Name: _____

Secretary of State use only

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Revised 07/2008

IDAHO SECRETARY OF STATE
06/28/2010 05:00
CK: 2564 CT: 243225 BH: 1220465
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