

## **CERTIFICATE OF ORGANIZATION** LIMITED LIABILITY COMPANY

10 JAN 21 AM 8: 31

(Instructions on back of application)

	SEURE ARY OF SIATE
1. The name of the limited liability comp	any is: STATE OF IDAHO
EPC SCHWEIT	TZER ENTERPRISES, LLC
2. The complete street and mailing addre	esses of the initial designated/principal office:
	95 SOUTH, SAGLE, ID 83860
(Street Address) P. O. BOX 2	249, SAGLE, ID 83860
(Mailing Address, if different than street address)	
3. The name and complete street address	ss of the registered agent:
WILLIAM F. WATT	464726 HIGHWAY 95 SOUTH, SAGLE, ID 83860
(Name)	(Street Address)
company:	e member or manager of the limited liability
Name  ENCORED DRODUCTO COMPANY	<u>Address</u> P.O. BOX 249, SAGLE, ID 83860
ENCODER PRODUCTS COMPANY	F.O. BOX 249, SAGLE, ID 63660
<del></del>	
5. Mailing address for future corresponde	•
P.O. BOX 2	249, SAGLE, ID 83880
6. Future effective date of filing (optional)	): UPON FILING
Signature of organizer(s). (An organizer is a me	ember, or is
cting in behalf of a member or members).	Secretary of State use only
Signature M-7. Watt	ENT   100
Typed Name: WILLIAM F. WATT, PRESIDE	ENT E,
	2008
Signature	O1/21/2010 95:06
Typed Name:	

W89899