





## STATE OF IDAHO

## Office of the secretary of state, Lawerence Denney CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

Idaho Secretary of State PO Box 83720 Boise, ID 83720-0080 (208) 334-2301 Filing Fee: \$100.00 For Office Use Only

## -FILED-

File #: 0004545134

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Certificate of Organization Limited Liability Company Select one: Standard, Expedited or Same Day Service descriptions below)	e (see Expedited (+\$40; filing fee \$140)
1. Limited Liability Company Name	
Type of Limited Liability Company	Limited Liability Company
Entity name	Amped Grid LLC
The complete street address of the principal office is:     Principal Office Address	1075 DARRAH DR MERIDIAN, ID 83646
3. The mailing address of the principal office is:	
Mailing Address	1075 W DARRAH DR MERIDIAN, ID 83646-3123
4. Registered Agent Name and Address	
Registered Agent	Registered Agent
	Philip Hopkins Physical Address:
	1075 DARRAH DR
	MERIDIAN, ID 83646
	Mailing Address: 1075 W DARRAH DR
	MERIDIAN, ID 83646-3123
✓ I affirm that the registered agent appointed has co     ✓ I affirm that the registered agent appointed has co     ✓ I affirm that the registered agent appointed has co     ✓ I affirm that the registered agent appointed has co     ✓ I affirm that the registered agent appointed has co     ✓ I affirm that the registered agent appointed has co     ✓ I affirm that the registered agent appointed has co     ✓ I affirm that the registered agent appointed has co     ✓ I affirm that the registered agent appointed has co     ✓ I affirm that the registered agent appointed has co     ✓ I affirm that the registered agent appointed has co     ✓ I affirm that the registered agent appointed has co     ✓ I affirm that the registered agent appointed has co     ✓ I affirm that the registered agent appointed has co     ✓ I affirm that the registered agent appointed has co     ✓ I affirm that the registered agent appointed has co     ✓ I affirm that the registered agent appointed has co     ✓ I affirm that the registered agent appointed has co     ✓ I affirm that the registered agent agent appointed has co     ✓ I affirm that the registered agent agen	ensented to serve as registered agent for this entity.
Name	Address
1 ' '	075 DARRAH DR IERIDIAN, ID 83646
<u> </u>	
Signature of Organizer:	
Signature of Organizer:  Philip Hopkins	12/30/2021