

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

09 SEP 16 AM 8: 27

SECRETARY OF STATE STATE OF IDAHO

. The na	ime of the limited liability	company is:		STATE OF IDAHO	u (
	Ele	ment Heating & Coo	ling, L.L.C.		-
. The co	he complete street and mailing addresses of the initial designated/principal office:				
		aple Ave., Twin Fall			-
(Street /	Address)				
(Mailing	Address, if different than street address	ess)			
. The na	ame and complete street	address of the re	gistered agent:		<i>j</i>
	Timothy J. Stover	746 N. Coll	eae Rd., Suite C., Tv	vin Falls, Idaho 83301	
(Name)		(Street Address			•
. The na compa	ame and address of at lea any: <u>Name</u>	ist one member	Address		٠.
	Justin Bohrn	16 4 4	1644 Maple Ave., Twin Falls, Idaho 83301		
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	•			Set .	
. Mailin	g address for future corre	espondence (ann	ual report notices):	٠
		Maple Ave., Twin Fal			
			·	•	14.
. Future	e effective date of filing (o	ptional):			_
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ting in bel	half of a member or members). 		tary of State use only	
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Signature			100 E		5:0
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