



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

**FILED EFFECTIVE**
**2015 APR 22 AM 8:40**

(Instructions on back of application)

**SECRETARY OF STATE  
STATE OF IDAHO**

1. The name of the limited liability company is:

American Pool and Spa LLC

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

5588 W. Clearview Ct., Boise, Idaho 83703

(Street Address)

(Mailing Address, if different than street address)

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

Brian W. Chambers

(Name)

5588 W. Clearview Ct., Boise, Idaho 83703

(Street Address)

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

**Name**

**Address**

Brian W. Chambers

5588 W. Clearview Ct., Boise, Idaho 83703

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

5588 W. Clearview Ct., Boise, Idaho 83703

6. Future effective date of filing (optional): \_\_\_\_\_

Signature of a manager, member or authorized person.

Signature \_\_\_\_\_

Typed Name: Brian W. Chambers

Signature \_\_\_\_\_

Typed Name: \_\_\_\_\_

Secretary of State use only

IDAHO SECRETARY OF STATE

04/22/2015 05:00

CK:2257 CT:97976 BH:1472129

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