



CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

(Instructions on back of application)

2016 MAR 10 AM 9:09

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Paramedic Plumbing and Service LLC

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

702 Washington Street, Montpelier, ID 83254

(Street Address)

(Mailing Address, if different than street address)

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

Lisa McBride Sparks

(Name)

702 Washington Street, Montpelier, ID 83254

(Street Address)

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

Name

Address

Lisa McBride Sparks

702 Washington Street, Montpelier, ID 83254

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

702 Washington Street, Montpelier, ID 83254

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

Signature of a manager, member or authorized person.

Signature

Lisa McBride Sparks

Typed Name: Lisa McBride Sparks

Signature

Typed Name:

Secretary of State use only

IDAHO SECRETARY OF STATE

03/10/2016 05:00

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