

FILED EFFECTIVE



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2012 DEC 28 AM 9:26

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Low Voltage Solutions LLC

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

7843 Arlington Dr

(Street Address)

Nampa, Idaho 83687

(Mailing Address, if different than street address)

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

Robert Bailey

(Name)

7843 Arlington Dr. Nampa, Idaho 83687

(Street Address)

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

Name

Address

Robert Bailey

7843 Arlington Dr. Nampa, Idaho 83687

Tiffany Bailey

7843 Arlington Dr. Nampa, Idaho 83687

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

7843 Arlington Dr. Nampa, Idaho 83687

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature Robert Bailey

Typed Name: Robert Bailey

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
12/28/2012 05:00
CK: 1236086 CT: 172099 BH: 1353163
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