



CERTIFICATE OF ORGANIZATION COMPANY LIMITED LIABILITY COMPANY Serve My

	(Instructions on back	k of application)	STATE OF CASO
1.	The name of the limited liability company is:		OF WATER
		TS Rentals, LLC.	
2.	The complete street and mailing addresses of the initial designated office:		
	111 Pioneer Court Jerome, ID 83338		
	(Street Address)		
	(Mailing Address, if different than street address)		
3.	The name and complete street address of the registered agent:		
	Scott Cook	111 Pioneer Court J	erome, ID 83338
	(Name)	(Street Address)	
4.	The name and address of at least of company: Name	one member or mai	nager of the limited liability Address
	Tyson Cook	28 Horseshoe Circle Jerome, ID 83338	
5.	Mailing address for future correspo	ondence (annual rep	port notices):
	111 Pioneer Court Jerome, ID 83338		
6.	Future effective date of filing (option	nal):	
_	nature of a manager, member or son.	r authorized	
F	() NI		Secretary of State use only
_	nature of Cook		
Тур	ped Name: <u>Scott Cook</u>		
Ci-	natura		IDANO SECRETARY OF STATE 03/16/2012 05:00
	nature	j	CK: 1228 CT: 214298 BH: 1315589
· y	ed Name:		1 5 100'00 - 100'00 OVANU FFC #

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