

FILED EFFECTIVE CERTIFICATE OF ORGANIZATION

LIMITED LIABILITY COMPANY 08 DEC - 1 PM 2: 17
(Instructions on back of application) SECRETARY OF STATE
1. The name of the limited liability company is: STATE OF IDAHO
Absolute Fire Suppression Systems, LLC
2. The complete street and mailing addresses of the initial designated/principal office:
1315 B122 town LOOP, Haylen ID 83835
(Street Address)
(Mailing Address, if different than street address)
3. The name and complete street address of the registered agent:
Tin Lawton 1315 Bizzkun Loop, Havelei) (Name) (Street Address)
(Name) (Street Address)
8333
4. The name and address of at least one member or manager of the limited liability
company:
TIM LAWTON 1315 Bristown LOOP (d 83835) Life Friedson 1315 Bristown Loop (d 83835)
Life Exiction 1315 Bristown Loop at 1383
Life Pricison - Hayner in
5. Mailing address for future correspondence (annual report notices):
13.5 BIZZTOWN LOOP, Flayden, 10 8303
6. Future effective date of filing (optional):
O. Talufe effective date of fining (optionary)
Signature of organizer(s). (An organizer is a member, or is
acting in behalf of a member or members).
Simulas (mulas
Signature
To the same of the
12/01/2000 SIRTE
Typed Name: Life Evickson CK: 175198 CT: 172099 BH: 1146471 1 0 108.00 = 100.00 DRGAN LLC # 2 20.00 = 20.00 = 20.00 DRGAN LLC # 2

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