

CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

structions on back of application)

2014 APR -4 AM 10: 56

نايت	(IIIatinctions on pack	or appri	SECRETARY OF STA
1.	The name of the limited liability com	npany i	CTATE OF IDAGO
	Sawtooth Hydraulies LLC		
2.	The complete street and mailing add	iresses	of the initial designated office:
	(Street Address) Kimberly, ID 83341 (Malling Address, if different then street address)		
3.	The name and complete street addr	ess of t	the registered agent:
	Michelle E Merrick	3555 N	3400 E Kimberly, ID 83341
	(Name)	(Streat /	Address)
	company:	ne men	nber or manager of the limited liability
	<u>Name</u> Michelle E Merrick	3555 N	Address 3400 E Kimberly ID 83341
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
			
			1
5.	Mailing address for future correspon 3555 N 3400 E Kimberly, ID 83341	dence	(annual report notices):
6.	Future effective date of filing (option	ai): <u>'</u>	1
_	nature of a manager, member or	author	rized
	son.		Secretary of State use only
	nature M. Glain Yhlully	<u></u>	1
īvn.	ed Name: Michelle E Merrick		

IDAHO SECRETARY OF STATE

44/04/2014 05:00

CK: 1788694 CT: 172899 BH: 1418619
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W136353

9/21/2012

Signature__

Typed Name: _____

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