

Typed Name: _____

CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

11 APR -5 AM 8 16

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(Instructions on b	ack of application)
The name of the limited liability	company is: SECA AY O
PERFECT	T POOLS & SPAS OF IDAHO, LLC
The complete street and mailing 2933 FALLS AVE EAST, TWIN FALL	addresses of the initial designated/principal office:
(Street Address)	
(Mailing Address, if different than street address	ss)
The name and complete street a	address of the registered agent:
DUSTY CANOY	2933 FALLS AVE EAST, TWIN FALLS, ID 83301
(Name)	(Street Address)
The name and address of at least company:	st one member or manager of the limited liability
Name	Address
DOSTY CANOY	2933 FALLS AVE EAST, TWIN FALLS, ID 83301
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- .	
2933 FALLS AVE EAST, TWIN FALL	.S, ID 83301
Eutura offactiva data of filing (an	tional):
ruture enective date or ming (op	monary.
nature of a manager member	r or authorized
XX 11	or authorized
	Secretary of State use only
nature)	
nature	IDAHO SECRETARY OF STATE
	The name of the limited liability PERFECT The complete street and mailing 2933 FALLS AVE EAST, TWIN FALL (Street Address) (Mailing Address, if different than street address) The name and complete street as DUSTY CANOY (Name) The name and address of at least company: Name DUSTY CANOY Mailing address for future corress 2933 FALLS AVE EAST, TWIN FALL Future effective date of filling (operations) Inature of a manager, members on. DUSTY CANOY DUSTY CANOY

cert_org_llc Rev. 07/2010

04/05/2011 05:20 CK: 2377 CT: 178219 BH: 1267730 1 0 188.98 = 168.99 DRGAN LLC # 2