



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

11 APR -5 AM 8:16

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

PERFECT POOLS & SPAS OF IDAHO, LLC

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

2933 FALLS AVE EAST, TWIN FALLS, ID 83301

(Street Address)

(Mailing Address, if different than street address)

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

DUSTY CANOY

(Name)

2933 FALLS AVE EAST, TWIN FALLS, ID 83301

(Street Address)

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

Name

Address

DUSTY CANOY

2933 FALLS AVE EAST, TWIN FALLS, ID 83301

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

2933 FALLS AVE EAST, TWIN FALLS, ID 83301

6. Future effective date of filing (optional): _____

Signature of a manager, member or authorized person.

Signature

Typed Name: DUSTY CANOY

Signature

Typed Name:

Secretary of State use only

IDAHO SECRETARY OF STATE
04/05/2011 05:00
CK: 2377 CT: 170219 BH: 1267730
1 @ 100.00 = 100.00 ORGAN LLC # 2

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