

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY



(Instructions on back of application)

	(instructions on ba	ick of application)		STATE OF STATE
1. The name	e of the limited liability of	company is:		OF DAME
	heck Home Watcher, LLC			
	olete street and mailing a		nitial designated of	fice:
	ress) 648, Meridian, ID 83680 dress, if different than street address	5)		
_	e and complete street ac		stered agent:	
Aaron Cla	ark	556 E Fallingbr	556 E Fallingbranch Drive, Meridian, ID 83642	
(Name)		(Street Address)		
I. The name company	e and address of at leas :	t one member or	manager of the limi	ted liability
	Name	<u>Address</u>		
Aaron Cla	ark	556 E Fallingbr	556 E Fallingbranch Drive, Meridian, ID 83642	
_	ddress for future corresp 648, Meridian, ID 83680	oondence (annual	report notices):	
5. Future ef	fective date of filing (opti	ional): 01/01/2015		····
ignature of erson.	a manager, member	or authorized		
ignature lim llu/			IDAHO SE	State use only CCRETARY OF STATE /2014 05:00
yped Name	Aaron Clark		CK:5656 CT:	/2014 05:00 .303554 BH:145067 100.00 ORGAN LLC
ignature			(x .	\
yped Name:			W	00 C PU