Signature\_

Typed Name: \_

## **CERTIFICATE OF ORGANIZATION** LIMITED LIABILITY COMPANY

1	(Instructions on ba	ck of application)	08 OCT -6 AM 9: 01
1.	1. The name of the limited liability company is:		SECRETARY OF STATE STATE OF IDAHO
	Riteway Plumbin	a . L.L c .	
2. The complete street and mailing addresses of the initial designated/principal			esignated/principal office:
	Sada Goldstream Ct. (Street Address)	middleton, I	0 83644
	(Mailing Address, if different than street address)	d Park, AZ 85	5346
3. The name and complete street address of the registered agent:			agent:
	Jeremy Stinson (Name)	(Street Address)	n Ct. middleton, ID83644
4. The name and address of at least one member or manager of the limited liability company:			
	Name		Address
	Darin Inman	16513 W. Moreland	St. Goodyear, AZ 85338
5. N	failing address for future correspor	ndence (annual report n	otices):
•	PO Box 882 Litchfield	ark AZ 85340	<u> </u>
6. F	uture effective date of filing (option	eal):	
Signa actino	ture of organizer(s). (An organizer is a	member, or is	
	The members of the members of		Secretary of State use only
Signa			· · · · · · · · · · · · · · · · · · ·
Typed	Name: Darin Inman	5	

IDAHO SECRETARY OF STATE

10/06/2008 05:00

CK: 1612 CT: 239336 BH: 1138986
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