## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

## FILED EFFECTIVE

	LIMITED LIABILITY COM	IPANY 2015 MAY 26 PM 2: 07
(Instructions on back of application		SEURETARY OF STATE
1. The r	name of the limited liability company is:	STATE OF IDAHO
<u>Z</u>	&C Electrical Solutions	5 LLC
2. The	e complete street and mailing addresses of the initial designated office:	
(Stree	15)79 moosehorn wy	caldue11 ID 83607
(Maili	ing Address, if different than street address)	
3. The r	ne name and complete street address of the registered agent:	
(Nam	e) 15729 (Street Address	mooseltoin my calduct ID 8360
	he name and address of at least one member or manager of the limited liability ompany:	
	<u>Name</u>	<u>Address</u>
	Cois Flores 1577a	moosethern my raldual ID 83607
5. Mailii	ng address for future correspondence (ann	nual report notices):
1577	Ra moosethern my raidwell ID 830	607
	re effective date of filing (optional):	
Signatur person.	e of a manager, member or authorized	I
•		Secretary of State use only
Signature Typed Na	ame: cris Flore S	IDANO SECRETARY OF STATE 05/27/2015 05:00 CK:2869172 CT:172099 BH:147
Signature	e	10 100.00 = 100.00 ORGAN LL
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