

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

	LIVILIED LIABILIT	T COMPAN	2009 001 16	AM 11: 55
T E	(Instructions on back	of application)		
1.	The name of the limited liability com	pany is:	SEURETARY STATE OF	IDAHO
	T3C Custom Meter	al and Fire	place LLC	
2.	The complete street and mailing add	resses of the initial	designated/principal	office:
	2723 Hilbrest An)		
	(Street Address) (Caldwell B) (Mailing Address, if different than street address)			
	(Mailing Address, if different than street address)			ı
3.	The name and complete street address of the registered agent:			
	Clay B Janes	2723 Hill	AVEST LN. C	a thurst as
	(Name)	(Street Address)		85605
4	The name and address of at least on	e member or mans	nger of the limited lia	hility
٦.	company:	e member of mane	iger of the inflict ha	willey
	Ol 2 Name		Address	1
	(lay B Janes	2723 HIVE	rest LN (but	(L)) out
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	\$ %			
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	with the second			
5.	Mailing address for future correspond	dence (annual repo	rt notices):	ar .
•	SAME		:	· · · · · · · · · · · · · · · · · · ·
6.	Future effective date of filing (options	al):		
Sia	nature of organizer(s). (An organizer is a	mambar aria		41 - 11 - 11
	ng in behalf of a member of members).	member, or is		
٥.	. Alsk	OM.	Secretary of State use	only
_	nature // Clay B Janes			
' yh	red Hallie. 1 Clay 13 Jakes	ms/LLC forms/cert_org_lkc.PMD	TAAUN EEFBE	TARY OF STATE
Sig	nature	TTC for	10/16/26 CK: 323859 CT: 1	09 05:00 72099 BH: 1191453
Tyr	and Name:	visce visce	1 2 100.00 = 10	B.00 DRGAN LLC # 2

Typed Name: _____