



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

09 OCT 15 AM 8:46

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

INTERMOUNTAIN FIRE PROTECTION LLC

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

2611 SHARON DR POST FALLS ID 83854

(Street Address)

(Mailing Address, if different than street address)

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

BRAD ALLEN MARTIN

(Name)

2611 SHARON DR POST FALLS, ID 83854

(Street Address)

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

**Name**

**Address**

SHELLEY MARTIN

2611 SHARON DR POST FALLS ID 83854

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

2611 SHARON DR POST FALLS ID 83854

6. Future effective date of filing (optional): \_\_\_\_\_

Signature of organizer(s). (An organizer is a member, or is acting in behalf of a member or members).

Signature BRAD ALLEN MARTIN

Typed Name: BRAD ALLEN MARTIN

Signature \_\_\_\_\_

Typed Name: \_\_\_\_\_

Secretary of State use only

5/10/2008/LLC formation/orig. & PMD  
Revised 07/2008

IDAHO SECRETARY OF STATE  
10/15/2009 05:00  
CK: 632389698 CT: 148614 IN: 1191197  
1 @ 100.00 = 100.00 ORGAN LLC # 2

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FILED EFFECTIVE