

FILED EFFECTIVE



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

10 OCT -1 AM 8:41

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Clark Sprinkler Solutions, LLC

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

1550 Vista Drive, Twin Falls, ID 83301

(Street Address)

(Mailing Address, if different than street address)

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

Tyson Clark

(Name)

1550 Vista Drive, Twin Falls, ID 83301

(Street Address)

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

Name**Address**

Tyson Clark

1550 Vista Drive, Twin Falls, ID 83301

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

1550 Vista Drive, Twin Falls, ID 83301

6. Future effective date of filing (optional): _____

Signature of a manager, member or authorized person.

Signature

Typed Name: Tyson Clark

Signature

Typed Name: _____

Secretary of State use only

 IDAHO SECRETARY OF STATE
 10/01/2010 05:00
 CK: 1128 CT: 251698 BH: 1241327
 1 @ 100.00 = 100.00 ORGAN LLC # 2

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