CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

2013 OCT -9 AM 9: 11

OCODETABLE OF STATE

1.	The name of the limited liability company is:		SECRETARY OF STATE STATE OF IDAHO
	Ag Pro Well Cleaners , LLC		
2.	The complete street and mailing addresses of the initial designated office: 2600 east 600 south Declo ID 83323 (Street Address) Po Box 73 Burley ID 83318		
3.	(Mailing Address, if different than street address) 3. The name and complete street address of the registered agent:		
	Rodney J Brase (Name)	2600 east 60 (Street Address	0 south Declo ID 83323
4.	The name and address of at least one member or manager of the limited licompany: Name Rodney J Brase 2600 east 600 south Decko ID 83323		Address
5.	Mailing address for future correspon	ndence (annu	al report notices):
6.	Po Box 73 Burley ID 83318 Future effective date of filing (option	nal):	
_	nature of a manager, member or son.	· authorized	Secretary of State use only
	nature 1		
Тур	ed Name: Rodney J Brase		
	nature		IDAHO SECRETARY OF STATE 10/09/2013 05:00 CK: 1197 CT: 150098 BH: 1393386 1 P 100.00 = 100.00 ORGAN LLC # 2
Тур	ed Name:	·	1 £ 100.00 - 100.00 AVAIL FFC 8 C

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