







## STATE OF IDAHO Office of the secretary of state, Phil McGrane **CERTIFICATE OF ORGANIZATION LIMITED** LIABILITY COMPANY

Idaho Secretary of State PO Box 83720 Boise, ID 83720-0080 (208) 334-2301 Filing Fee: \$100.00

For Office Use Only

-FILED-

File #: 0005611581

Date Filed: 2/23/2024 11:03:01 AM

| Certificate of Organization Limited Liability Company Select one: Standard, Expedited or Same Day Service (see descriptions below) | Standard (filing fee \$100) |
|------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|
| 1. Limited Liability Company Name                                                                                                  |                             |
| Type of Limited Liability Company                                                                                                  | Limited Liability Company   |
| Entity name                                                                                                                        | Epic Backflow LLC           |
| 2. The complete street address of the principal office is:                                                                         |                             |
| Principal Office Address                                                                                                           | 3318 N. KIERNAN DR          |
|                                                                                                                                    | POST FALLS, ID 83854        |
| 3. The mailing address of the principal office is:                                                                                 |                             |
| Mailing Address                                                                                                                    | 3318 N KIERNAN DR           |
|                                                                                                                                    | POST FALLS, ID 83854-0184   |
| 4. Registered Agent Name and Address                                                                                               |                             |
| Registered Agent                                                                                                                   | Registered Agent            |
|                                                                                                                                    | Erica M LaForce             |
|                                                                                                                                    | Physical Address:           |
|                                                                                                                                    | 3318 N. KIERNAN DR          |
|                                                                                                                                    | POST FALLS, ID 83854        |

I affirm that the registered agent appointed has consented to serve as registered agent for this entity.

## 5. Governors

| Name                 | Address                                   |
|----------------------|-------------------------------------------|
| Erica M LaForce      | 3318 N KIERNAN DR<br>POST, ID 83854       |
| Patrick Adam Laforce | 3318 N KIERNAN DR<br>POST FALLS, ID 83854 |

Mailing Address: 3318 N KIERNAN DR

POST FALLS, ID 83854-0184

Signature of Organizer:

Erica Michelle LaForce 02/23/2024

Sign Here Date